

STANDARD CERTIFICATE OF DEATH

State File No.

10891

FILED ^{DEC 28 1945}
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town... ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2724 RUTGER ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME ALONZO CRITIS POINTER

3. (b) If veteran, name war NO
3. (c) Social Security No. 494-09-5127

4. Sex MALE / 5. Color or race WHITE / 6. (a) Single, ~~widowed~~, married, divorced MARRIED
7. Birth date of deceased: MARCH 3 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 | 9 | 10 | hr. min.

9. Birthplace Mo
(City, town, or county) (State or foreign country)

10. Usual occupation METAL POLISHER

11. Industry or business.....

12. Name GEORGE POINTER

13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET LAM
(City, town, or county) (State or foreign country)

15. Birthplace TENNESSEE
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lena Pointer

(b) Address 2724 Rutger

17. (a) BURIAL (b) Date thereof DEC-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS.

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette Av

19. (a) DEC 14 1945 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....
(c) City or town ST. LOUIS 2217
(If outside city or town limits, write "RURAL")
(d) Street No. 2724 RUTGER ST. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1945 hour 2:15 minute PM

21. I hereby certify that I attended the deceased from Oct 1 P.M. 1945 to Dec 13 1945
that I last saw him alive on Dec 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to.....
Due to.....

Other conditions (Includes pregnancy within 3 months of death) g/h

Major findings:
Of operations.....
Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature W. D. ... (M.D. or other) W. D.
Address 4559 Cadet Date signed 12-14-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address St Louis 8 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.