

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.
(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 Lenas Pointer

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Alonzo Pointer
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased January 19 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 3 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name John F. Lewis
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Mercer
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Swanson
(b) Address 2724 Rutger St

17. (a) Burial (b) Date thereof May 25 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director SE J. Schnur
(b) Address 3125 Lafayette Ave.

19. (a) MAY 24 1946 (b) J. J. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2724 Rutger St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1946 hour 2:30 minute..... P. M.

21. I hereby certify that I attended the deceased from May 22 to May 22, 1946
that I last saw her alive on May 22 (8:45 am), 1946
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration.....

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

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. W. Simms (M. D. or other) M.D.
Address 4559 - Cadet Date signed 5-23-46

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.....

Joseph B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address *St Louis 4 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.