

FILED MAY 13 1946

Registration District No. _____ Primary Registration District No. **1003**

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:
ST. MARYS IMEIRMARY 1536 PAPIN ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WKS.
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME GEORGE POOLE
3. (b) If veteran, name war WORLD WAR No 1
3. (c) Social Security No 332-07-8961

4. Sex MALE 2 5. Color or race BLACK
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife HATTIE DEAN
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased NOV 27 1896
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 6
If less than one day
hr. _____ min. _____

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

10. Usual occupation LABORER

11. Industry or business _____

MOTHER FATHER { 12. Name WACK POOLE
13. Birthplace UNKNOWN TENN.
(City, town, or county) (State or foreign country)
14. Maiden name KEULENA HARDIN
15. Birthplace UNKNOWN TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Straube
(b) Address Edwardsville Ill
17. (a) REMOVAL (b) Date thereof 5-9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation EDWARDSVILLE, ILL

18. (a) Signature of funeral director STRAUBE FUNERAL HOME
(b) Address EDWARDSVILLE, ILL
MAY 8 1946
19. (a) _____ (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County MADISON 499
(c) City or town EDWARDSVILLE 11
(If outside city or town limits, write "RURAL")
(d) Street No. 320 PINE ST. NR 0
(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 3
year 1946 hour 12 minute 19.30
21. I hereby certify that I attended the deceased from MAY 14 1946
to MAY 3 1946
that I last saw him alive on MAY 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction 3 wks
Duration

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Duodenal ulcer
Of operations Gastro-intest
Of autopsy Intestinal obstruction
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. J. Campbell (M. D. or other) ✓
Address 236 Campbell Date signed 5/4-46

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

17672

09-05-17 2 11:00

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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address St. Louis, 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.