

FILED MAY 17 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **18797**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4240**

1. PLACE OF DEATH:

(a) County **ST LOUIS**
(b) City or town **ST LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3504 KINGSLAND COURT**
(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 **N. FREMONT POUNDS**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **OCT. 23 1861**
(Month) (Day) (Year)

8. "AGE: Years **84** Months **6** Days **16** If less than one day hr. _____ min. _____

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

10. Usual occupation **RETIRED**

11. Industry or business **FARMER**

12. Name **JAMES POUNDS**

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

14. Maiden name **CHARLOTTE MCCULLOUGH**

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

16. (a) Informant **ESTELLE WEBER**

(b) Address **3504 KINGSLAND COURT**

17. (a) **BURIAL** (b) Date thereof **MAY 11**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CEAR HILL MO**

18. (a) Signature of funeral director **Thos. Weber**

(b) Address **2906 Grand Ave**

19. (a) **MAY 10 1946** (b) Registrar's signature **J. J. Bredebeck**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St Louis**
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3504 Kingoland Court**
(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 **8**
year **1946** hour **4** minute **30** P. M.

21. I hereby certify that I attended the deceased from **5-2-46** to **5-8**, 19**46**

that I last saw him alive on **MAY 8**, 19**46**

and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration _____

Due to **chronic Nephritis**

Due to _____

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

Major findings: Of operations **none**

Of autopsy **none**

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 _____

Signature **J. J. Bredebeck** (M. D. or other) _____

Address **608 X Kingsland** Date signed **5-10-46**

Col 8400

Dr. G. Fuchs

608 Kingsland Ave
3 to 4 p.m.

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

David Van Fossan.

Licensed Embalmer No.

4342

P. O. Address

2906 Garvin.

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.