

STANDARD CERTIFICATE OF DEATH

State File No. 21439

FILED JUN 24 1946
Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1317

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 925 days
(Specify whether
In this community 12 1/2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ada
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1910a Biddle (If rural, give location) 9
(e) Citizen of foreign country? no (Yes/No) 1
If yes, name country _____

3. (a) PRINT FULL NAME ROSIE LEE POOLE

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

4. Sex female 5. Color or race Negro 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 19 1923
(Month) (Day) (Year)

8. AGE: Years 22 Months 6 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation packer in cold storage

11. Industry or business plant

12. Name Taylor Poole
13. Birthplace ? ? 9
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Wilson
15. Birthplace Monroe Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Koch Hospital, Koch, Mo.

17. (a) SHIP (b) Date thereof 6-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation JONEY A.K.K.

18. (a) Signature of funeral director Davis and Braune

(b) Address 1405 Biddle St

19. (a) 6-19-46 (b) E. L. McNavan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1946 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 12-3- 43, to 6-14 46;
that I last saw her alive on 6-14 46;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 1942
(?)

Due to 132

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 _____

Signature Bernard Friedman (M. D. or other) M.D.
Address Robert Koch Hospital Date signed 6/14/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

