

S. No. 2
-12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35511

Registration District No. 013

Primary Registration District No. 1003

State File No. _____

Registrar's No. 8230

1. PLACE OF DEATH:

(a) County ST. LOUIS, MO

(b) City or town ST. LOUIS, MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days
(Specify whether _____)

In this community _____
years, months or days

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. 2905 Laclede
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 9
If yes, name country _____

3. (a) PRINT FULL NAME Charles Poynter

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1946 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from 9-13- 1946 to 10-7 1946;
that I last saw him alive on Oct. 7 1946;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Sept. 17 1905
(Month) (Day) (Year)

Immediate cause of death Transverse Myelitis (luetic) Duration Undet.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy No

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 41 Months 0 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Henry Poynter

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

14. Maiden name Elaine Taylor
(City, town, or county) (State or foreign country)

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

16. (a) Informant Henry Poynter

(b) Address 3407 N. Walnut St

17. (a) Burial (b) Date thereof Oct 12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director F. W. Green

(b) Address 4915 Franklin Ave

19. (a) OCT 11 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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 0

23. Signature N. J. Egan (M. D. or other) _____
Address 2601 N Whittier St Date signed 10/8/46

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.....

J. A. Hean

Licensed Embalmer No.....

2963

P. O. Address.....

2915 Franklin

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.