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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 17 1946  
Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 3440

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

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Clayton, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Res: 7144 Wydown Blv'd.,  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri.. (b) County St. Louis, 76

(c) City or town Clayton, (5).  
(If outside city or town limits, write "RURAL")

(d) Street No. 7144 Wydown Blv'd.,  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MOLLIE HATFIELD POINDEXTER.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 5th,  
year 1946. hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from May 1944, to Dec 5 1946  
that I last saw her alive on Dec 5 1946  
and that death occurred on the date and hour stated above.

4. Sex Female. 5. Color or race White.

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

6. (b) Name of husband or wife Early W. Poindexter. 6. (c) Age of husband or wife if alive Dec'd., years

7. Birth date of deceased May 27th, 1857.  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage. Duration 21 days

Due to Arteriosclerosis & Ch. Myocarditis?

Due to Senility. 93d

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

8. AGE: - Years Months Days If less than one day

89. 6. 8. hr. \_\_\_\_\_ min.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation At Home.

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 May Starbuck (M. D. or other) MD  
Address 512 D. over Date signed 12/7/46

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Ale Hatfield.

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

14. Maiden name Christine Armstrong.

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

16. (a) Informant C. H. Poindexter.

(b) Address 7144 Wydown Blv'd.,

17. (a) Removal. (b) Date thereof 12/6/46.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka, Kansas.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Blv'd.

19. (a) 12-5-46 (b) Arthur J. Allen  
(Date received local registrar) (Registrar's signature)

Dr Max Starkloff.  
Res : PA:2883. 7444 Wydown Blv'd.,  
LO:1706. 512 Dover Place.

**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 Clarence H. Murray

Licensed Embalmer No. 4011

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.