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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25950

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6690

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: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 200

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3721 Michigan Ave 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Gary Eugene Poynter

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

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 10 (Day) 1947 (Year)

8. AGE: Years — Months — Days 1 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Giles Henderson Poynter
13. Birthplace Bonne Terre (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Anna Gruzd
15. Birthplace Buckner (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Anna Poynter
(b) Address 3721 Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) JUL 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1947 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from July 10, 1947 to July 12, 1947
that I last saw him alive on July 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Atelectasis

Due to Prematurity

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas M. Mier (M. D. or other)

Address 4500 Olive Date signed 7-11-47

(Licensed Embalmer's Statement on Reverse Side) THOMAS M. MIER

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.....R W Cooper.....

Licensed Embalmer No.....3880.....

P. O. Address.....2301 Lafayette C

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.