

FILED JUL 27 1948

Registration District No.

Primary Registration District No.

5594

Registrar's No.

43

1. PLACE OF DEATH:

(a) County JEFFERSON
 (b) City or town RURAL - MERAMEC
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph's Hill Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 MONTHS 18 DAYS
 (Specify whether
 years, months or days)

3. (a) PRINT
FULL NAMEHARRY POOLE3. (b) If veteran,
name warNo3. (c) Social Security
No. NONE4. Sex M
5. Color or
race W6. (a) Single, widowed, married,
divorced WIDOWED6. (b) Name of husband or wife
CATHERINE HEITZER6. (c) Age of husband or wife if
alive DECEASED years7. Birth date of deceased APRIL 28 1878
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
70 2 24 hr. min.9. Birthplace CANTON MO. U
(City, town, or county) (State or foreign country)10. Usual occupation WHEAT MILLER11. Industry or business STANDARD OATS Co.12. Name STEVEN POOLE13. Birthplace CANTON MO. U
(City, town, or county) (State or foreign country)14. Maiden name SUSAN RIDGEWAY15. Birthplace CANTON MO. U
(City, town, or county) (State or foreign country)16. (a) Informant Brother Rod, J. J.(b) Address St. Joseph's Hill Inf17. (a) Burial (b) Date thereof 7-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Canton, Mo18. (a) Signature of funeral director Alexander & Sons(b) Address 6175 Delmar19. (a) July 22, 48 (b) Blair J. Kirk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
 (c) City or town ST. LOUIS 17
 (If outside city or town limits, write "RURAL") 9
 (d) Street No. 5142 WATERMAN 11
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month JULY day 22
year 1948 hour 62 minute 00 P. M.21. I hereby certify that I attended the deceased from SEPT-
9 1947 to JULY 20 1948;
that I last saw him alive on JULY 20 1948;
and that death occurred on the date and hour stated above.Immediate cause of death CORONARY OCCLUSION
DurationDue to MYOCARDITISDue to DIABETESOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations 101

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 023. Signature J. P. ... (M. D. or other) M.D.
Address 3185 NO. VANDEVENTER Date signed 7/22/48

43

22314

115

Date Filed JUL 26 1948
District File Number

District Health Officer No. 9,

RECEIVED

AUG 9 1948

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address. 6175 Belmont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

[Handwritten signatures and marks]