

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14888

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3922**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Saint Louis</b>		a. STATE <b>Missouri</b> b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Louis</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>947 S. Skinker</b>		d. STREET ADDRESS (If rural, give location) <b>947 S. Skinker</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Goldie</b>	b. (Middle) <b>Ellen</b>	c. (Last) <b>Poore</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 29, 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12/16/1868</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>Knox County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Newton Rouner</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Hampton</b>	14. NAME OF HUSBAND OR WIFE <b>W. Lee Poore</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>C. B. Poore M. D.,</b>	ADDRESS <b>1730a Franklin</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>  <b>3 yrs.</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1946**, 19**46**, to **4/29/50**, 19**50**, that I last saw the deceased alive on **4/29/50**, 19**50**, and that death occurred at **10 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. Basile Poore</b> (Degree or title) <b>M. D.</b>	23b. ADDRESS <b>1730a Franklin</b>	23c. DATE SIGNED <b>4/29/50</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 1, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saint Louis, County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>MAY 1 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ambruster Mortuary,</b>	ADDRESS <b>6633 Clayton Rd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ernest W. Spillers*.....

Licensed Embalmer No. *4080*.....

P. O. Address.....

**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.