

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25176

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6598

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2189</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Addie</u> b. (Middle) <u>(Adelaide)</u> c. (Last) <u>Pounds</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 1, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 4 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	9. AGE (In years last birthday) <u>50</u> # UNDER 1 YEAR Months Days # UNDER 1 HR. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Imboden, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lee Kell</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Alexander</u>	14. NAME OF HUSBAND OR WIFE <u>George W. Pounds</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>Nil</u>		16. SOCIAL SECURITY NO. <u>432-05-5248</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Pounds</u> ADDRESS <u>4304 McPherson Ave.,</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of head of pancreas</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>1 June '50</u>		19b. MAJOR FINDINGS OF OPERATION <u>same as above &amp; widespread abdominal metastases</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)
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? <u>137X</u>
22. I hereby certify that I attended the deceased from <u>27 May, 1950</u> to <u>1 Aug., 1950</u> , that I last saw the deceased alive on <u>1 Aug., 1950</u> , and that death occurred at <u>7:12 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Truman G. Drake</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>114 N. Taylor St. Louis 8</u>	23c. DATE SIGNED <u>2 Aug '50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National</u>
24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>AUG 2 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sawyer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington Blvd</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

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 me

.....  
working under my personal supervision.

Student Embalmer No.....

Signed

*William S. Smith*

Signed.....

Student Embalmer

Licensed Embalmer No

*4699*

P. O. Address

*St Charles*

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.