No. 300
10-48

920
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FILED DEC 3 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. 40080

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 4452 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY ST CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WENTZVILLE Cty
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hy 61

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY 0920
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WENTZVILLE 0
d. STREET ADDRESS (If rural, give location) Hy 61

3. NAME OF DECEASED (Type or Print)
a. (First) WOODRUFF
b. (Middle) Lee
c. (Last) POOre

4. DATE OF DEATH (Month) 11 / (Day) 20 / (Year) 53

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 7/10/1863
9. AGE (In years last birthday) 90 — IF UNDER 1 YEAR Months 4 Days 10 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) NEWARK Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John POORE
13b. MOTHER'S MAIDEN NAME LATITIA STURGIS
14. NAME OF HUSBAND OR WIFE GOULD ROUNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Uremia — INTERVAL BETWEEN ONSET AND DEATH 12 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio. renal disease — 3 weeks
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
19b. MAJOR FINDINGS OF OPERATION 442X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 1, 1953, *to* Nov. 20, 1953, *that I last saw the deceased alive on* 11/20/53 19__, *and that death occurred at* 12:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. C. McMurray MD 0
23b. ADDRESS Wentzville, Mo.
23c. DATE SIGNED 11/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/23/53
24c. NAME OF CEMETERY OR CREMATORY OakGrove Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County Mo

DATE REC'D BY LOCAL REG. Nov 20 1953
REGISTRAR'S SIGNATURE Martin F Ruff 408 D
25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary
ADDRESS 6633 Clayton R

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 4 195

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Ernest W. Gillard

Signed.....
Student Embalmer

Licensed Embalmer No. 4080

P. O. Address.....

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

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