

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41002**
Registrar's No. **11544**

FILED DEC 14 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY				
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis, Missouri		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. LENGTH OF STAY (in this place) 6 Month		e. STREET ADDRESS (If rural, give location) 4461 Lee Avenue				
3. NAME OF DECEASED (Type or Print) a. (First) Lucille b. (Middle) A. c. (Last) Poole			4. DATE OF DEATH (Month) (Day) (Year) December 4, 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 21, 1895	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR: Months 8 Days 13 IF UNDER 4 HRS. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer		10b. KIND OF BUSINESS OR INDUSTRY Manufacturers of Neckwear		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Charles F. Rubel		13b. MOTHER'S MAIDEN NAME Margaret Joeress		
14. NAME OF HUSBAND OR WIFE Arthur F. Poole		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. 489-10-8827		
17. INFORMANT'S SIGNATURE OR NAME Arthur F. Poole		ADDRESS 4461 Lee Avenue				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Right Breast with metastases to spine ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 8/2/51		19b. MAJOR FINDINGS OF OPERATION Carcinoma Rt. Breast		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 170X		
22. I hereby certify that I attended the deceased from July, 1951 , to Dec. 4, 1953 , that I last saw the deceased alive on Dec. 4, 1953 , and that death occurred at 5:55 P.M. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Edmund J. Nelson M.D.		23b. ADDRESS 3903 Olive St. Louis		23c. DATE SIGNED 12-5-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE December 8, 1953		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden Funeral Home, Inc		ADDRESS 1936 St. Louis Avenue, (6)		
DATE REC'D BY LOCAL REG. DEC 7 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.				

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

Dr. E. Helbing,
Wall Building - 1:30-3:00 P. M.

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 _____
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4520

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.