

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. 20051

BIRTH NO. 45992-34 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. CHARLES</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. CHARLES</b>		c. CITY OR TOWN <b>ST. CHARLES</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>611 SCHAEFER</b>	

3. NAME OF DECEASED (Type or Print) <b>UNNAMED INFANT POINDEXTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 3 1954</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>JULY 3-1954</b>	9. AGE (In years last birthday) <b>0</b>	10. MONTHS <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NIL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. CHARLES, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>RUSSELL POINDEXTER</b>	13b. MOTHER'S MAIDEN NAME <b>JEANNE KLINGHAMMER</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NIL</b>	17. INFORMANT'S SIGNATURE OR NAME <b>RUSSELL POINDEXTER</b> ADDRESS <b>ST. CHARLES, Mo.</b>

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>Congenital Atelectasis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Prematurity -</b>		
	DUE TO (c) <b>7625</b>		
II. OTHER SIGNIFICANT CONDITIONS <b>Mother - Preeclampsia</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Large Tumor (Dermoid cyst?) of ovary</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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?

22. I hereby certify that I attended the deceased from 7-3, 1954, to 7-2, 1954, that I last saw the deceased alive on 7-3, 1954, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>MD</b>	b. ADDRESS <b>1141 N. Main St. Charles Mo</b>	23c. DATE SIGNED <b>7-5-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JULY 5-1954</b>	24c. NAME OF CEMETERY <b>OAK GROVE</b>	24d. LOCATION (City, town, or county) (State) <b>ST. CHARLES - MO</b>

DATE RECD BY LOCAL REG <b>July 5 1954</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS <b>H.C. Dallmespacher Co., St. Charles</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THIS BODY NOT EMBALMED

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 *Frank R. Amalany*

Licensed Embalmer No. 482

P. O. Address *W. Charles*

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.