

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39118

State File No. \_\_\_\_\_

BIRTH NO. 83135-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7675

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</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>			d. STREET ADDRESS (If rural, give location) <u>21 1921 Franklin Avenue (rear)</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>Pointer</u> c. (Last) <u>Pointer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 10 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>---</u>	8. DATE OF BIRTH <u>October 10 1954</u>		9. AGE (In years last birthday) # UNDER 1 YEAR: Months <u>6</u> Days <u>20</u> # UNDER 6 MONTHS: Hours <u>6</u> Mins <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Missouri</u>	

13a. FATHER'S NAME <u>Earl Pointer</u>		13b. MOTHER'S MAIDEN NAME <u>Claudia Bernice Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u> (If yes, give war or dates of service) <u>---</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Claudia &amp; Earl Pointer Above address</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>not determined</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>prematurity</u>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION <u>10-10-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>none grossly except prematurity</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR? <u>776x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					

22. I hereby certify that I attended the deceased from Oct 10, 1954 to Oct 10, 1954, that I last saw the deceased alive on Oct 10 1954, and that death occurred at 8:25 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert B. Wood</u>		(Degree or title)		23b. ADDRESS <u>305 Kings Highway</u>		23c. DATE SIGNED <u>10-23-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-30-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>NOV 15 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>no Lowland Ave 4104 Manchester</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.