

## STANDARD CERTIFICATE OF DEATH

State File No. 39461

FILED NOV 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2411

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. LENGTH OF STAY (In this place) <b>DOA</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>University City 326</b>		d. STREET ADDRESS (If rural, give location) <b>6605 Etzel Ave. 0</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. St. Louis Co. Hosp.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>E.</b> c. (Last) <b>M<sup>c</sup> Dowell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 14 54</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 6 1896</b>		9. AGE (In years last birthday) <b>57</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Const.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Charles Poehner</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Fleig</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>403.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Katherine M<sup>c</sup> Dowell</b>		ADDRESS <b>1105 Etzel</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>Multiple fractures, internal injury and hemorrhage, suffered</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>while crossing street when he was struck by an automobile, the driver of which did not stop</b> DUE TO (c) <b>and is unknown.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>E 8124 25</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>Homicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Wellston 400 St. Louis Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10/15/54 7:40P</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Struck by hit and run driver when crossing the street.</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Arnold J. Willmann, Coroner</b>			23b. ADDRESS <b>Clayton, Mo.</b>		23c. DATE SIGNED <b>10/19/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/18/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10/15/54</b>	REGISTRAR'S SIGNATURE <b>Hubert R. Stone</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. W. Clark 1125 Hodiamont</b>		

(Licensed Embalmer's Placement on Reverse Side)

COPY THIS MATERIAL 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Alfred J. Boedecker*  
.....  
Licensed Embalmer No. *2663*  
.....

Signed.....  
Student Embalmer

P. O. Address *11257 Hudson*  
.....

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

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