

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10066**
Registrar's No. **2222**

FILED MAR 31 1955

REG. DIST. NO. **318**

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

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 2222 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo | | c. LENGTH OF STAY (in this place) 2 Hours | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo. | | d. STREET ADDRESS (If rural, give location) 15 4033 Pennsylvania | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | | | 4. DATE OF DEATH (Month) (Day) (Year) Mar 10 1955 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) _____ c. (Last) Poignee | | | 5. SEX Male | | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | | 8. DATE OF BIRTH Mar. 12 1893 | | 9. AGE (In years last birthday) 61 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mech James | | 10b. KIND OF BUSINESS OR INDUSTRY Chev. | | 11. BIRTHPLACE (State or foreign country) St. Louis Mo.. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Frank P. Poignee | | | 13b. MOTHER'S MAIDEN NAME Carr | | | 14. NAME OF HUSBAND OR WIFE Mable Poignee | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 1st World War | | | 16. SOCIAL SECURITY NO. 497-03-0523 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mable Poignee 4033 Pennsylvania | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebro Vascular Accident ANTECEDENT CAUSES Hemorrhage Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 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) _____ | | 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? 331x | | | | | |
| 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 10:45 Am. , from the causes and of the date stated above. | | | | | | | |
| 23a. SIGNATURE Patrick P. Taylor (Degree or title) Coroner | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED MAR 11 1955 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 3/14/55 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | |
| DATE REC'D BY LOCAL REG. MAR 12 1955 | | REGISTRAR'S SIGNATURE Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec | | | |

(Licensed Embalmer's 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 Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis 5 Mo

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.