

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28580**
Registrar's No. **1900**

FILED AUG 29 1955

BIRTH NO. _____ REG. DIST. NO. **J17** PRIMARY REG. DIST. NO. **500**

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Olivette, Mo.,		c. CITY OR TOWN Olivette, #380	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 years.		e. STREET ADDRESS (If rural, give location) #31 Heather Hills.	
d. FULL NAME OF HOSPITAL OR INSTITUTION #31 Heather Hills			

3. NAME OF DECEASED (Type or Print)	a. (First) ALBERT	b. (Middle) HENRY	c. (Last) POOS.	4. DATE OF DEATH (Month) (Day) (Year) Aug 14, 1955.
-------------------------------------	--------------------------	--------------------------	------------------------	--

5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH May 27, 1906.	9. AGE (In years last birthday) 49.	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) District Theatre Manager.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Bremen, Illinois.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	---	--

13a. FATHER'S NAME Louis Julius Poos.	13b. MOTHER'S MAIDEN NAME Sophia Heldberg.	14. NAME OF HUSBAND OR WIFE Edith Poos.
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no.	16. SOCIAL SECURITY NO. UNK.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Edith Poos, #31 Heather Hills,
--	-------------------------------------	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epithelioid Carcinoma of Lung & Met		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION A Biopsy taken on Dec 5 revealed Epithelioid Carcinoma	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) (Min.)	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 **Dec**, 19**54**, to **8-14**, 19**55**, that I last saw the deceased alive on **8-14**, 19**55**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Pugh Haynes (Degree or title) MD	23b. ADDRESS 3770 Washington Ave	23c. DATE SIGNED 8-15-55
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial..	24b. DATE 8/17/55.	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery..	24d. LOCATION (City, town, or county) (State) 7600 St. Charles Rock Road.
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. 8/15/55	REGISTRAR'S SIGNATURE Herbert K. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Lupton & Sons, #7233 Delmar Blv'd.,
---	---	--

(Licensed Embalmer's Placement on Reverse Side)

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

Mr. Ralph Hayes
3720 Washington
JE. 36204

2 to 5:30 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 *Clarence H. Murray*

Licensed Embalmer No. *401*

P. O. Address *Spencer*

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.