

5. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3419

FILED FEB 10 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 188

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | |
| b. CITY OR TOWN <u>Normandy</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| c. LENGTH OF STAY (in this place) <u>21 days</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hosp.</u> | | e. STREET ADDRESS (If rural, give location) <u>1125 N East John</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>George</u> c. (Last) <u>Poller</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 20 56</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>6-27-15</u> |
| 9. AGE (In years last birthday) <u>40</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Machine Shop</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>John Poller</u> | 13b. MOTHER'S MAIDEN NAME <u>Milisitich</u> | 14. NAME OF HUSBAND OR WIFE <u>Eleanor</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____ | 16. SOCIAL SECURITY NO. <u>489-05-2775</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Eleanor Poller</u> ADDRESS _____ | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis (sepsis)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Septicemia from Duodenal STUMP from 9 after enterostomy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Duodenal Ulcer & a ANNULAR PANCREAS</u> | |
| 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 <u>Jan 2, 1956</u> , to <u>Jan 20, 1956</u> , that I last saw the deceased alive on <u>Jan 20, 1956</u> and that death occurred at <u>3:10 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>David L. Lytle D.O.</u> | | 23b. ADDRESS <u>5738 W Florissant</u> | 23c. DATE SIGNED <u>1-20-56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>1/23/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>1-20-56</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Blomberg</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STOCK MORTUARY 2217 E. GRAND BL.</u> | |

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

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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 *Paul R. Nachter*.....

Licensed Embalmer No. *4787*.....

P. O. Address *St. Louis,*.....

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.