

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **25200**
 Registrar's No. **6406**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. 25200 | | Registrar's No. 6406 | |
| 1. PLACE OF DEATH a. COUNTY | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | | |
| b. CITY OR TOWN St. Louis | | | c. LENGTH OF STAY (in this place) years | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital | | | | | e. STREET ADDRESS (If rural, give location) 18 4579a Chouteau Avenue 21870 | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH | | | b. (Middle) E. | | c. (Last) POLL | | 4. DATE OF DEATH (Month) (Day) (Year) July 6, 1956 | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH Feb. 26, 1898 | | 9. AGE (in years last birthday) 58 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman | | | 10b. KIND OF BUSINESS OR INDUSTRY steel fabricating | | 11. BIRTHPLACE (City and State or Foreign Country) Fern Ridge, Missouri | | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |
| 13a. FATHER'S NAME Bernard Poll | | | 13b. MOTHER'S MAIDEN NAME Anna McElroy | | | 14. NAME OF HUSBAND OR WIFE Sylvia Jeanette Poll | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Francis Poll, Grover, Mo. | | | | 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) out cell carcinoma of the lung - (R) lower lobe 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. 163x | | | | | | 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? | | | | | |
| 22. I hereby certify that I attended the deceased from 4-22-1956 , to 7-6-1956 , that I last saw the deceased alive on 7-6-1956 , and that death occurred at 11:12 P.M. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) John Allen Bunnell MD | | | | | 23b. ADDRESS 1575 Lafayette | | | 23c. DATE SIGNED 7-9-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE July 10, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | | |
| DATE REC'D BY LOCAL REG. JUL 9 1956 | | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | | | FURNERAL DIRECTOR'S SIGNATURE W. C. ... | | ADDRESS 7146 Manchester Ave. | | |
| M.G.B. (Licensed Embalmer's Statement on Reverse Side) St. Louis 17, Mo. | | | | | | | | | |

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.....
Signature of Student Embalmer

Signed *W E Morris*.....

Licensed Embalmer No. *3360*

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.