No. 300
10.48

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

FILED NOV 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36579

BIRTH NO. 84388-56 REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 542 Registrar's No. 2524

1. PLACE OF DEATH
a. COUNTY St. Louis [redacted]
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Hts
c. LENGTH OF STAY (In this place) 5 mins
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. [redacted]
b. COUNTY St. Louis
c. CITY OR TOWN Ferguson 4079
d. Is Residence within limits of a city or incorporated town? Yes X No
e. STREET ADDRESS (If rural, give location) 3120 St. Joachen Lane

3. NAME OF DECEASED (Type or Print)
a. (First) [redacted]
b. (Middle) Infant
c. (Last) Poirrier

4. DATE OF DEATH (Month) Oct (Day) 25 (Year) 56

5. SEX Male
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 10-25, 1956
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) Richmond Hts, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thos. Poirrier
13b. MOTHER'S MAIDEN NAME Hazel Hawthorne
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Thomas Poirrier — ADDRESS Ferguson Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anencephalic-Meningocele — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown Cause
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 750X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-25, 19 56, *to* 10-25, 19 56 *that I last saw the deceased alive on* 10-25, 19 56 *and that death occurred at* 3a m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS 607 N Grand
23c. DATE SIGNED 10-25-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10-29-56
24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.
24d. LOCATION (City, town, or county) St. Louis. (State) Mo.

DATE REC'D BY LOCAL REG. 10-26-56
REGISTRAR'S SIGNATURE Herbert R. Donle MD
25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Und. Co. — ADDRESS 2849 N. Euclid-St.L.Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.