

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43092

STATE FILE NUMBER

FILED NOV 22 1957

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2801

S. 300
ev. 1-56

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 <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Norrandy</u>		c. CITY OR TOWN <u>Normandy</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7525 Florissant Rd.</u>		d. STREET ADDRESS (If outside, give location) <u>7525 Florissant Rd.,</u>	
Length of stay in 1b <u>11 Years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>CURT</u> Middle <u>AUDRA</u> Last <u>POULTON, SR.,</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>9th,</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 25th, 1907</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Photo Equip. Mgr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Krummenacher's, Inc.</u>		11. BIRTHPLACE (City, and state or country) <u>New Martinsville West Virginia</u>	
13. FATHER'S NAME <u>Curtis J. Poulton</u>			14. MOTHER'S MAIDEN NAME <u>Nora Bland</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War # 2</u>		16. SOCIAL SECURITY NO. <u>409-12-3605</u>		17. INFORMANT <u>Mrs. Vervia Poulton, 7525 Florissant Rd.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute coronary occlusion</u> DUE TO (b) <u>arterio-sclerotic heart disease.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>10 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>7200</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>no injury</u>	
20c. TIME OF INJURY. Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <u>1956</u> to <u>11-9-57</u> and last saw <u>him</u> alive on <u>11-8-57</u> Death occurred at <u>10:35 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Deputy or title) <u>C. Rush McAdams M.D.</u>	22b. ADDRESS <u>906 Olive St. Louis Mo.</u>	22c. DATE SIGNED <u>11-11-57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/13/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>
24. FUNERAL DIRECTOR'S NAME AND ADDRESS <u>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd. St. Louis, 15, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-11-57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert K. Donker</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

9th & Olive
GA-1-0198
Case from Max
for appointment
file in County

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 *John A. Minna*

Licensed Embalmer No. 418

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.