

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034597
State File No.

FILED OCT 10 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9362

Question: Do you have state the way see to the case of Amb. Organ
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 of

1. PLACE OF DEATH a. COUNTY Missouri			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 31 St. Louis State Hospital			e. STREET ADDRESS (If rural, give location) 239 2006 Oregon		
3. NAME OF DECEASED (Type or Print) a. (First) India b. (Middle) Louise c. (Last) Poe			4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 22, 1917	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) East St. Louis, Illinois		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Henry Poe		13b. MOTHER'S MAIDEN NAME Lulu Smith Poe		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lula Poe 2006 Oregon Ave.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anaphylactoid shock			INTERVAL BETWEEN ONSET AND DEATH 12 hrs		
* This does not mean the mode of death, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.			ANTECEDENT CAUSES DUE TO (b) Penicillin reaction		
			DUE TO (c) 788.8K		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Lymphatic leukemia (chronic)		13 yrs
			Mental deficiency with psychotic episodes		40 yrs
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) (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 <u>July 6, 1953</u> , to <u>Sept. 29, 1958</u> , that I last saw the deceased alive on <u>Sept. 29, 1958</u> , and that death occurred at <u>5:45 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE A. F. Heusler, M.D. (Degree or title) <i>A. F. Heusler M.D.</i>			23b. ADDRESS 5100 Arsenal St.		23c. DATE SIGNED 9-29-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/1/58	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.	24d. LOCATION (City, town, or county) (State) Marion, Ill		
DATE REC'D BY LOCAL SEP 30 1958	REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. Schnur 3125 Lafayette Ave.		

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.....
Thomas R. Fenwick

Licensed Embalmer No. *3793*

P. O. Address *3125 Lafayette*

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.