Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003392
STATE FILE NUMBER

FILED FEB 11 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 309

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Ladue 4421 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 9758 Litzinger Rd. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: RICHARD Middle: NMN Last: POINDEXTER

4. DATE OF DEATH: Month JANUARY Day 9 Year 1959

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 23-1905
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pension programing - R.G. Poindexter & Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Los Angeles Calif.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Clarence H. Poindexter
13b. MOTHER'S MAIDEN NAME: Olive Gundry
14. NAME OF HUSBAND OR WIFE: Ruth V. Poindexter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. M. P. Underwood — Address: Clayton 24, Mo. 8115 University Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMA OF SIGMOID COLON WITH METASTASES TO LUNGS — INTERVAL BETWEEN ONSET AND DEATH: 14 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 153.3
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 DEC. 17, 1958, to JAN. 9, 1959 and last saw her/him alive on JAN. 9, 1959
Death occurred at 4:40 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. E. Vermillion, M.D. (Degree or title) M. D. 0
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 1/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-12-59
23c. NAME OF CEMETERY OR CREMATORY: New City Cemetery
23d. LOCATION (City, town, or county) (State): Delray Beach Florida

24. FUNERAL DIRECTOR: C.R. Lupton & Sons — ADDRESS: 7233 Delmar
25. DATE RECD. BY LOCAL REG.: JAN 10'59
26. REGISTRAR'S SIGNATURE: Carl Smith MD
MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis Mo

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.