

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-034193**

**FILED VS SEP 16 1959**

**2 7979**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>				Length of stay in 1b <b>2 weeks</b>		c. CITY OR TOWN <b>Ferguson</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>510 Wesley Ave.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Leonard Sproule Poor</b>				4. DATE OF DEATH Month Day Year <b>Aug. 26, 1959</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10-19-94</b>	
				9. AGE (last birthday) <b>64</b>		IF UNDER 1 YEAR Months Days	
						IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mgr. Mo. Inspection</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Inspection</b>		11. BIRTHPLACE (City and state or country) <b>Streator, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>							
13a. FATHER'S NAME <b>Thompson Poor</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Sproule</b>		14. NAME OF HUSBAND OR WIFE <b>Dorothy J. Poor</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World war I</b>				16. SOCIAL SECURITY NO. <b>486-14-9702</b>		17. INFORMANT Address <b>Dorothy J. Poor, Ferguson, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cancer of the lung</b>						INTERVAL BETWEEN ONSET AND DEATH <b>13 moe</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>163X</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <b>April 1953</b> to <b>8/26/59</b> and last saw her alive on <b>8/26/59</b> Death occurred at <b>8/26/59</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>M. Bishop MD</b>				22b. ADDRESS <b>Florissant Mo</b>		22c. DATE SIGNED <b>8/26/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>8-29-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Streator, Ill.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>White-Mullen Mortuary, Ferguson</b>				25. DATE RECD. BY LOCAL REG. <b>AUG 27 '59</b>		26. REGISTRAR'S SIGNATURE <b>Coal Smith M.D.</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Robert M. Murray

Licensed Embalmer No. 3749

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.