

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020858

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE **318** Primary Registration District No. **1003** Registrar's No. **5627**

DO NOT WRITE ON THIS SIDE

Registration District No. **318**
FILED JUN 15 1962

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO.

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

DOCUMENT

OK

Alexander P. Taylor

6-16-62

C. Cronner

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b 62yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3917 Maffitt Ave		d. STREET ADDRESS (If outside, give location) 3917 Maffitt Ave	
3. NAME OF DECEASED (Type or print) LOUISE POINDEXTER		4. DATE OF DEATH Month June Day 2 Year 1962	
5. SEX Female	6. COLOR OR RACE Col	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-9-1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 90
11. BIRTHPLACE (City and state or country) Clarksville Tenn		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Alfred Haynes		13b. MOTHER'S MAIDEN NAME Sofia ?	
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) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT Theodore Haynes 3917 Maffitt Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Congestion DUE TO (b) Arteriosclerotic Cardiovascular disease DUE TO (c) Serinity			INTERVAL BETWEEN ONSET AND DEATH 3 days 10 years 15 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) old Fracture of left hip with non union			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fall from a chair	
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 checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 11		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from October 1961 to June 1962 and last saw her/him alive on June 1, 1962 Death occurred at 12:05 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Rhonda S. Mason M.D.		22b. ADDRESS 3861 St. Louis Ave, St. Louis, Mo	
22c. DATE SIGNED 6-7-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 6-8-1962		23c. NAME OF CEMETERY OR CREMATORY Washington Park	
23d. LOCATION (City, town, or county) (State) St. Louis Co MO		24. FUNERAL DIRECTOR ADDRESS JAS H. RANDLE & SON 3133 Bell Ave	
25. DATE RECD. BY LOCAL REG. JUN 5 1962		26. REGISTRAR'S SIGNATURE Roan Smith, M.D.	



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 Esther N. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

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.