

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10084** - **62-044731**

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 29 1962

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in lb 68 yrs. | c. CITY OR TOWN St. Martha Ann Mo |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hosp. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 10122 St. Martha |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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|---|----------------------------------|--|---|--|--------------------------------|
| 3. NAME OF DECEASED (Type or print) Poirrier, Thomas E. Sr. | | | 4. DATE OF DEATH Month 10 Day 19 Year 62 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-23-93 | 9. AGE (last birthday) 68 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Machinist | 11. BIRTHPLACE (City and state or country) St. Louis Missouri | 12. CITIZEN OF WHAT COUNTRY U.S. | |
| 13a. FATHER'S NAME Poirrier Lucian | | 13b. MOTHER'S MAIDEN NAME Mary N. Murray | 14. NAME OF HUSBAND OR WIFE Edith Poirrier | | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown | | 17. INFORMANT Thomas E. Porrier Jr | Address 3120 St. Joachim |
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| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsis Organizing pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 7 wk |
| DUE TO (b) Emphysema, bullous | | |
| DUE TO (c) Multiple intestinal infarctions Bronchitis, chronic | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe chronic lung disease - 5'0.2'0 | | 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 |

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| 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.) |
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| 20c. TIME OF INJURY Hour 3:45 a.m. p.m. | 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 1017 162 | COUNTY | STATE |
|---|--|--|---|--------|-------|

21. I attended the deceased from **10/7/62** to **10/19/62** and last saw her/him live on **10/19/62**
Death occurred at **3:45** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Daniel P. Waligora M.D. | (Degree or title) | 22b. ADDRESS 1325 So Grand Blvd | 22c. DATE SIGNED 10/24/62 |
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|--|-----------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct. 23, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) St. Louis Mo. |
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| 24. FUNERAL DIRECTOR Morrell 3710 N. Grand Blvd, | 25. DATE RECEIVED BY LOCAL REG. OCT 22 1962 | 26. REGISTRAR'S SIGNATURE Road Smith, M.D. |
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VS 300 Rev. 4/59

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DATE AMENDED **11/5/62**

INSTEAD OF **Sepsis**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

18a Organizing pneumonia

18b Emphysema bullous

18c Bronchitis, chronic

18d Local necrosis small bowel

BY AFFIDAVIT OF attending physician

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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

Loren E. Percy

Licensed Embalmer No.

4094

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.