

MAR 23 1939

REC'D APR 6 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12298

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. LouisRegistration District No. 784(b) Township Pine LawnPrimary Registration District No. 200Registered No. 536(c) City Pine Lawn(d) Street No. 3141 Oak Ridge Ave.

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred yrs. mos. da.

(f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

WILLIAM C. POUND(a) Residence, No. 3141 Oak Ridge AveSt. Pine Lawn, Mo.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFBarbara Pound

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Apr. 8, 1866

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .....hra.  
or .....min.721113

## OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Carpenter

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Iowa

## FATHER

## 13. NAME

Un Known.

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

UnKnown

## MOTHER

## 15. MAIDEN NAME

UnKnown

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

UnKnown

## 17. INFORMANT (ADDRESS)

Roy T. Pound3841 Oak Ridge Ave, Pine Lawn

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Mar. 24, 1939

## 19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Math. Hermann & Son2161 East Fair Avenue

## 20. FILE

MAR 23 1939J. R. Meyer

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Mar. 21, 1939

## 22. I HEREBY CERTIFY, That I attended deceased from

7-19, 1938, to 3-21, 1939I last saw him alive on 3-21, 1939. Death is saidto have occurred on the date stated above, at 11:55 P. M.

The principal cause of death and related causes of importance were as follows:

Un. endocarditis

Date of onset

## Other contributory causes of importance:

Cardio-vascular renal disease

## Name of operation

Date of

What test confirmed diagnosis? Ejam Was there an autopsy? No

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

## Manner of injury

## Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

709 (Address) 5724 N. Union Blvd.

Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X1603

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Thomas Hampton*  
Licensed Embalmer No. *2967*  
P. O. Address *2161 E. Fair Ave*

**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 this body is not embalmed, above space should be left blank.**