

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1138 S. Kingshighway  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
 (c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1138 S. Kingshighway  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Aurelia B. Poe

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female / race White 5. Color or  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
 alive John years  
 7. Birth date of deceased April 30, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 4 5 ..hr. ....min.

9. Birthplace..... Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business.....

MOTHER FATHER

12. Name..... Carver  
 13. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name..... Unknown  
 15. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph E. Poe

(b) Address 1138 S. Kingshighway

17. (a) Burial (b) Date thereof 9/8/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Lake Charles Cemetery

18. (a) Signature of funeral director..... Edith E. Ambruster

(b) Address..... 4234 Manchester

19. (a) SEP 7 1942 J. F. Bradeck  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5  
 year..... 1942 hour..... 10.55A. minute..... M.

21. I hereby certify that I attended the deceased from May 1  
 1942 to Sept 5, 1942  
 that I last saw her alive on Sept 5, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral Hemorrhage  
Neuraplegia Left

Due to.....  
 Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....

Duration

1 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....  
 (c) Where did injury occur?.....  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
 Means of injury.....

23. Signature..... J. F. Bradeck (M. D. or other).....  
 Address..... 2014 Thelma Ave Date signed 9/16/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

*Flornz Eymak*

Licensed Embalmer No.....

*1284*

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 this body is not embalmed, fact should be so stated above.**