

S. No. 2
DM-5-43
v. 5-17-39
I X36871

FILED MAR 6 1944
318

Registration District No. _____ Primary Registration District No. **10-22**

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

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:
St. Louis Children's Hospital
 (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)

3. (a) PRINT FULL NAME POOLE, RICHARD ELLIS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 13 1941
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>9</u>	<u>16</u>	_____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER { **12. Name** Toy Ellis Poole

13. Birthplace Fayetteville Arkansas
 (City, town, or county) (State or foreign country)

14. Maiden name Virida Pharris

15. Birthplace Fayetteville Arkansas
 (City, town, or county) (State or foreign country)

16. (a) Informant Toy Poole

(b) Address Fayetteville, Arkansas

17. (a) Removal _____ **(b) Date thereof** 2-29-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayetteville, Ark.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) (Date received local registrar) FEB 29 1944 **(b) (Registrar's signature)** J. F. Biedack

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Washington

(c) City or town Fayetteville
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28
 year 44 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from 2-24-
 _____, 1944 to 2-28-, 1944
 that I last saw h.c.m. alive on 2-28-, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Respiratory failure

Due to _____

Due to _____

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

PHYSICIAN

Major findings: Brain Tumor - Non-malignant

Of operations _____

Of autopsy _____

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)

(c) Means of injury 0

23. Signature R. J. Blitzer (M. D. or other) _____

Address 500 St. Louis **Date signed** _____

E. J. Biedack, M.D. 2/28/44

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

W. T. H. Haynes

Licensed Embalmer No. 1861

P. O. Address.....

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.