

S. No. 2
M-5-43
5-17-39
I X36671

22503
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 5605
Registrar's No. 1501

FILED FEB 28 1944 8
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days
(Specify whether _____)
In this community 25 Years
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. 1206 So. 18th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lee Joseph Poynter
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sophia 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Sept. 22nd 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 4 22 _____ hr. _____ min.

9. Birthplace Bowling Green, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Spring Worker
11. Industry or business Champ Spring Co.

MOTHER FATHER

12. Name Benjamin Ward Poynter
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Fettua Fowler
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Euel Poynter
(b) Address 1206 so. 18th St.

17. (a) Removal (b) Date thereof 2/15/44
(Special removal or removal) (Month) (Day) (Year)
(c) Place of removal Marble Creek Road, W. M. S. Laughlin

18. (a) Signature of funeral director Marble Creek, Mo.
(b) Address 8301 Lafayette Ave.
FEB 15 1944

19. (a) _____ (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14th
year 1944 hour 12:45 minute P. M.
21. I hereby certify that I attended the deceased from Jan. 17th
1944, to Feb. 14th 1944
that I last saw h. im alive on Feb. 14th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Love none of lungs
Due to _____
Due to _____
Other conditions Melastoma to lymph nodes
(Include pregnancy within 3 months of death)
Major findings lymph nodes
Of operation _____
Of autopsy _____

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) (e) Means of injury _____
23. Signature Frank Finberg (M. D. or other) MD
Address 1515 Lafayette Date signed 2/14/44

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

FEB 15 1944

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.