

No. 2  
M-5-43  
5-17-39  
X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 17 1946**  
**318**

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

State File No. **42838**  
Registrar's No. **10420**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County St. Louis Mo.  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution:  
2543 Madison  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 11 years  
years, months or days

3. (a) PRINT FULL NAME Clarence T. Poole  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 494-10-7846  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mable Poole 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Dec. 31 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 11 5 hr. min.

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

10. Usual occupation Rubber Worker, Cupples Co

11. Industry or business \_\_\_\_\_

12. Name Sam Poole

13. Birthplace Dublin Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mable Poole  
(b) Address 2543 Madison Str.

17. (a) Burial (b) Date thereof 12-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Leidner Undtkg. Co.  
(b) Address 2223 St. Louis Ave.

19. (c) DEC 5 1946 (Date received from registrar)  
J. H. Fredrick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County CO.  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1017  
(d) Street No. 2543 Madison Str. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 4th  
year 1946 hour 18 minute 20 a.m.  
21. I hereby certify that I attended the deceased from July 9  
1946 to Dec 4 1946  
that I last saw him alive on Nov 27 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 47  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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 E. H. Keller (M. D. or other)  
Address 3129 Grand Date signed 12/5/46

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

MOTHER, FATHER

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**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 John P. Buchholz  
Licensed Embalmer No. 1674  
P. O. Address 2223 St. Louis

**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.**