

FILED OCT 11 1947

Registration District No. **377**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3811 Manola Avenue
(If not in hospital or institution, write street number of 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 St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL.")
(d) Street No. 3811 Manola Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROY POINTON
3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-07-3443

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 5th
year 1947 hour 5 minute 00 A.M.

4. Sex Male 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maud Pointon 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May 20 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 11 1947 to October 5, 1947
that I last saw h. im. alive on October 4, 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>4</u>	<u>15</u>	hr. _____ min.

Immediate cause of death Coronary Thrombosis Duration 1 hr
Due to Cardio-renal disease 2 hrs.

9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Salesman

Due to 1316
Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____
12. Name David Pointon
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Ash
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Maud Pointon
(b) Address 3811 Manola Ave
17. (a) Burial (b) Date thereof 10/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum
18. (a) Signature of funeral director Kraeger-Voss, Inc.
(b) Address 3402 No. Kingshighway
19. (a) 10-7-47 (b) Charles J. Sharp
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) 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 Arthur Smelser (M. D. or other) M.D.
Address 2202 University St. Date signed 10/5/47

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.....

J. Allen Ramin Jr.
Licensed Embalmer No..... *40537*

P. O. Address.....

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.