

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

35228
State File No. 1003
Registrar's No. 8529

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 3853 Lindell Blvd. | | d. STREET ADDRESS (If rural, give location) 3853 Lindell Blvd. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Pearl b. (Middle) O. c. (Last) Poe | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1950 |
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| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow ✓ | 8. DATE OF BIRTH March 28, 1874 | 9. AGE (In years last birthday) 76 | 10. MONTHS 0 | 11. DAYS 0 | 12. HOURS 0 | 13. MIN. 0 |
|---------------|------------------------|----------------------------------------------------------------|---------------------------------|------------------------------------|--------------|------------|-------------|------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY --- | 11. BIRTHPLACE (State or foreign country) Mayfield, Kentucky | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Thomas Poe |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT'S SIGNATURE OR NAME Heloise Poe | ADDRESS 3853 Lindell Blvd. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from major vessels of neck | | immed. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Erosion by metastatic carcinoma DUE TO (c) Squamous carcinoma buccal mucosa | | immed. @ 1 1/2 yrs. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION October, 1949 | 19b. MAJOR FINDINGS OF OPERATION Neck dissection specimen lesion buccal - primary metastatic Ca. | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 1 HAX |
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22. I hereby certify that I attended the deceased from October, 1949, to Oct. 6, 1950, that I last saw the deceased alive on Oct. 6, 1950, and that death occurred at 11:30 Pm., from the causes and on the date stated above.

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| 23a. SIGNATURE Martina Pereira | 23b. ADDRESS 508 N. Grand St. Louis | 23c. DATE SIGNED Oct. 7, 1950 |
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|--------------------------------------------------------|------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal 4 | 24b. DATE 10-7-1950 | 24c. NAME OF CEMETERY OR CREMATORY Modern Woodman Cem. | 24d. LOCATION (City, town, or county) (State) East Prairie, Missouri |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 9 1950 J. B. Senter | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe | ADDRESS 4700 Washington |
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WRITE PLAINLY—USING UNEADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Elmo R. Padwell

Signed.....

Student Embalmer

Licensed Embalmer No. 4077

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.