

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **18420**  
**4396**

**MAY 19 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2059</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6121 McPherson Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>6121 McPherson Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sophie</b> b. (Middle) <b>S.</b> c. (Last) <b>Poulson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 10, 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>Dec. 12, 1869</b>			9. AGE (In years) (last birthday) <b>82</b>		10. IF UNDER 1 YEAR (Month) (Day) (Hour) <b>4 28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Aaron Stein</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Rosenthal</b>		14. NAME OF HUSBAND OR WIFE <b>Magnus Poulson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Phoebe Poulson-6121 McPherson</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC DECOMPENSATION</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC HEART DIS.</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>  <b>1 yr.</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		
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? <b>4200</b>		

22. I hereby certify that I attended the deceased from **SEPT 15, 1951**, to **MAY 10, 1952**, that I last saw the deceased alive on **MAY 9, 1952**, and that death occurred at **10:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harry Green MD</b> (Degree or title)		23b. ADDRESS <b>634 N. Grand</b>		23c. DATE SIGNED <b>5/10/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>5/10/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Sinai Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>			

DATE REC'D BY LOCAL REG. <b>MAY 12 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herman R. ... 5216 ...</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*John Ketter*  
Licensed Embalmer No. 3880  
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.