

FILED FEB 9 1955

STANDARD CERTIFICATE OF DEATH

3322

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton, Missouri</u>		c. CITY OR TOWN <u>Webster Groves</u>	
c. LENGTH OF STAY (in this place) <u>3da</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		STREET ADDRESS (If rural, give location) <u>7318 Brunswick</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>L</u> c. (Last) <u>POOLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 2, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-1-1936</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Month <u>9</u> Day <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAIL CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AIR CRAFT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>AFFTON, MO.</u>	
13a. FATHER'S NAME <u>MARION FRANKLIN POOLE</u>			13b. MOTHER'S MAIDEN NAME <u>ESTHER BOOTH</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-38-1804</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M. FRANK POOLE, ABOVE.</u>	
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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. If means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TRAUMATIC BRAIN INJURY</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Temporal &amp; occipital Skull Fr</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8234</u>			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION <u>12-29-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Slight Subdural Hemorrhage; Cardiac Fatema</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Maplewood 126 Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 -29 54 12:35</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slippery pavement. Lost control of car &amp; went down embankment.</u>	

22. I hereby certify that I attended the deceased from 12-29, 1954, to 1-2, 1955, that I last saw the deceased alive on 1-2, 1955, and that death occurred at 4:25pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. G. Dreibick M.D.</u>		23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>1/3/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-5-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>	
		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo Mo</u>			

DATE REC'D BY LOCAL REG. <u>1/4/55</u>		REGISTRAR'S SIGNATURE <u>Hebeed B. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MARY B. SMITH-MAPLEWOOD 17 Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0020

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.....  
Signature of Student Embalmer

Signed *J.C. Burgess*.....

Licensed Embalmer No. *402*.....

P. O. Address *Maysville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.