

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42511**
11039
Registrar's No. _____

FILED JAN 6 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION. St. Louis City Hosp.		e. STREET ADDRESS 1021 Park Ave.,		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 4	
3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) C c. (Last) Poore			4. DATE OF DEATH (Month) (Day) (Year) 12 16 '55		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 16, 1925	9. AGE (In years last birthday) 30	10. F UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Century Elec Co		11. BIRTHPLACE (City and State or Foreign Country) Alabama	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Newton Poore		13b. MOTHER'S MAIDEN NAME Cordelia McCormick	
14. NAME OF HUSBAND OR WIFE Charlottie Poore		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. #2	
17. INFORMANT'S SIGNATURE OR NAME Charlottie Poore-1021 Park Ave.,		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration, pneumonia;		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE 2nd + 3rd degree burns of			
		DUE 55% of body, suffered in fire			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. caused by decreased respiration			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION new bed in room of		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
None on December 10 1955.					
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 10 55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 916.0	
22. I hereby certify that I attended the deceased from 19 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:51 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Frank Taylor, Coroner			23b. ADDRESS 300 Clark		23c. DATE SIGNED 12/17/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/17/55		24c. NAME OF CEMETERY OR CREMATORY Mt. Home Cemetery	
24d. LOCATION (City, town, or county) (State) Haleyville Alabama		DATE REC'D BY LOCAL REG. DEC 17 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home-1926 Allen Ave.		ADDRESS			

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

9961 F & MAF

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 *Reinhold K. Lohm*

Licensed Embalmer No. *339*

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