WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38072

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033B — Registered No. 346
City (No. 8120 South Ave. St. Ward)

2. FULL NAME Minnie Poelling
(a) Residence. No. 8120 South Ave. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF: Henry Poelling.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 26, 1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	3	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

PARENTS
10. NAME OF FATHER: Don't know.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.
12. MAIDEN NAME OF MOTHER: Don't know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.

14. INFORMANT: Mrs Francis Niehaus
(Address) 8120 South Ave.

15. FILED 11/29 1928 Rolla Bracey M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1927, to Nov 27, 1928, that I last saw her alive on Nov 27, 1928, and that death occurred, on the date stated above, at 3:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Asthma (duration) 30 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab
(Signed) Leo J. Reilly, M. D.
, 19 (Address) 8105 Page Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial Park Cem — DATE OF BURIAL: 11-30 1928

20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton ave

8105