

FEB 24 1936

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

2666

1. PLACE OF DEATH

County St Charles
Township Portage Dessein
City West Alton

Registration District No. 756
Primary Registration District No. 5997

File No.
Registered No.
St. Ward)

2. FULL NAME

Frederick Poeling
West Alton Mo

(a) Residence, No. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Hilferding</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4 - 1852</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>6</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME F. Poeling

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Don't Know

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Fritz Poeling West Alton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Francis Cem DATE Jan 4th 1936

19. UNDERTAKER (ADDRESS) W. B. Palmer 7th St St Charles Mo

20. FILED Jan 10, 1936 C. A. Barnard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1936

22. HEREBY CERTIFY That I attended deceased from Dec 26, 1935, to Jan 1, 1936. I last saw him alive on Dec 30, 1935. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Other contributory causes of importance: Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Alcohol Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. A. Barnard, M. D.
(Address) Portage Dessein Mo

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

