

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

1042  
Do not use this space.

1. PLACE OF DEATH  
 (a) County FEB 12 1938  
 (b) Township  
 (c) City St. Louis  
 (e) Length of residence in city or town where death occurred yrs. mos. ds.  
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 Registration District No. 791  
 Primary Registration District No. 1003  
 Registered No. 898  
 (d) Street No. 2021 East Fair Avenue St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 2. PRINT FULL NAME JOHANNA M. POEHLER, 460  
 (a) Residence, No. 2021 East Fair Avenue St. 9  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick H. Poehler  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 14, 1865  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 9 10

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as 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) St. Louis Mo.

FATHER  
 13. NAME John F. Rohde  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
 15. MAIDEN NAME Johanna Poetting  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Walter H. Poehler, 2021 E. Fair Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhala Cemetery DATE Jan 26, 1937

19. FUNERAL DIRECTOR (ADDRESS) Math Hermann & Son, 2161 East Fair Ave.

20. FILED JAN 26 1938 J. Bredeck Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to Jan 24, 1938  
 I last saw him alive on Jan 22, 1938 Death is said to have occurred on the date stated above, at 3.15 A.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Arteriosclerosis and Hypertension  
 Other contributory causes of importance:  
 Name of operation none Date of Jan 13/37  
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury X, 1938  
 Where did injury occur? none  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury X  
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify no  
 (Signed) W. William T. Lofgren, M. D.  
 (Address) 3500 N. Grand

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.

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G.

Buchholz L. E.

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

**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.)**