2 1938 REC'D JUN 7 1938

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

19604
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township St. Ferdinand — Primary Registration District No. 200 — Registered No. 955
(c) City — (d) Street No. Black Jack Mo R. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 68 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 68 yrs. 7 mos. 18 ds.

2. PRINT FULL NAME Elizebath M. Poggemoeller 254
(a) Residence, No. Black Jack Mo R. 1 St.
(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 Herman Poggemoeller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13 - 1869
7. AGE Years 68 Months 7 Days 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House Work
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 Henry Oerlein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Catherine Mehl
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Olindia Hammersen Black Jack Mo R1 Florissant State
18. BURIAL, CREMATION, OR REMOVAL
PLACE Black Jack Cem. DATE June 3 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Diedrich F. Home 8319 Halls Ferry Rd
20. FILED JUN 2 1938 19 T. R. Meyer M.D. Dep'd Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1938
22. I HEREBY CERTIFY, That I attended deceased from May 5, 1937, to 5 · 31, 1938
I last saw her alive on 5 · 30, 1938. Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	2 yrs
46	

Other contributory causes of importance:
Malnutrition
Chr. Myocarditis.

Name of operation none Date of
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 ....., 19
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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) M. C. Stuehle, M. D.
(Address) 2000 E Grand

Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Arthur P. Liedrich

8319 Halls Ferry Rd, or by

Registered Apprentice No....., working under my personal supervision.

Signed Arthur P. Liedrich

Licensed Embalmer No. 3556

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.