

REGISTRATION DISTRICT NO. 791

Primary Registration District No.

1. PLACE OF DEATH:

1003

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- (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
4517 S. GRAND
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 54 years
years, months or days)

3. (a) PRINT FULL NAME MATY ANNA POENACK

8. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Moritz Poenack 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased AUG 30 1876
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 6 If less than one day _____
hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business HOME

MOTHER FATHER
 12. Name Richard T. Reuter
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name ANNA
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Moritz Poenack

(b) Address 4517 S. GRAND

17. (a) Cremation (b) Date thereof: 8 11 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director W. J. ...

(b) Address 3929 S. Jefferson

19. (a) AUG 8 1939 (b) J. J. ...
(Date received local registrar) (Registrar's initials)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County 1
 (c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
 (d) Street No. 4517 S. GRAND
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 54 YEARS years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
 year 1939 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 6, 1939
3 to Aug 6, 1939
 that I last saw him alive on Aug 6, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
Chronic Nephritis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature W. J. ... (M. D. or other)
 Address 3014 S. Jefferson Date signed Aug 1939

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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.

WHITE PERRY CASE UNFADING BLACK INK—MAKE A PERMANENT RECORD

J

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.....

Paul A. Shanklin

Registered Apprentice No.

working under my personal supervision.

Signed..... *Paul A. Shanklin*

Licensed Embalmer No. *3172*

P. O. Address. *9998 Juffe*

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