

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 20 1942

Registration District No. 2

Primary Registration District No. 3014

Registrar's No. 106

1. PLACE OF DEATH:

(a) County COLE

(b) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 MONTHS
(Specify whether)

In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE

(c) City or town R. R. # 1.
(If outside city or town limits, write "RURAL")

(d) Street No. JEFFERSON CITY, MO.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME HENRY HERMAN POETKER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 26
year 1942 hour 7 minutes 20 P. M.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANNA DULLE POETKER

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased NOVEMBER 20, 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1 1941 to Apr 26 1942
that I last saw him alive on April 26 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

79 5 6 hr. min.

Immediate cause of death.....

Due to Myocarditis, Duration 10

Due to Atherosclerosis Mo's.

Other conditions.....

(Include pregnancy within 3 months of death)

9. Birthplace COLE COUNTY, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business.....

12. Name GERHART HERMAN POETKER

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE KILLIAN

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. HENRY POETKER

(b) Address JEFFERSON CITY, MO.

17. (a) BURIAL (b) Date thereof 4/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CEMETERY

18. (a) Signature of funeral director Gold F. Heintz

(b) Address JEFFERSON CITY, MISSOURI

19. (a) 5-1-42 (b) Theresa Nechter
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations 920

Of autopsy.....

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 M. J. Bludis (M. D. or other) MS

Address April 29 42 Date signed 7/29/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

46
3
4

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.....

Sylvester Dulle....., Registered Apprentice No. *292*
working under my personal supervision.

Signed *John F. Henrich*.....

Licensed Embalmer No. *3655*

P. O. Address *Jefferson City, Mo.*

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, fact should be so stated above.