

FILED JUL 28 1942 791

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4359 West Pine Blvd. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **abt 45 years**  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4359 West Pine Blvd**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Emma Poeschel Stork**

3. (b) If veteran, name war..... (c) Social Security No. **none**

4. Sex **female** / race **white** 5. Color or 6. (a) Single, widowed, married, divorced **wid.**  
6. (b) Name of husband or wife **Theodore P. Stork** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **April 28 1852**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**90** **2** **18** hr. min.

9. Birthplace **Hermann Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business.....

MOTHER FATHER

12. Name **William Poeschel**  
13. Birthplace **Germany** (City, town, or county) (State or foreign country)  
14. Maiden name **Neidheart**  
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Richard Stork**  
(b) Address **4359 West Pine Blvd**

17. (a) **Burial** (b) Date thereof **7/18/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla**  
18. (a) Signature of funeral director **J. F. Medeck**  
(b) Address **4356 Lindell Blvd**

19. (a) **JUL 17 1942** (Date received local registrar) **J. F. Medeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16**  
year **1942** hour **10** minute **15** M.

21. I hereby certify that I attended the deceased from **July 11**  
19**42** to **July 16** 19**42**  
that I last saw h. **is** alive on **July 13** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Pyrosis**  
Due to **Arteriosclerosis**  
Due to **HTA**  
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations.....  
Of autopsy.....

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 **J. H. Kempner** (M. D. or other) **D**  
Address **203 Beaumont Hwy** Date signed **7/17/42**

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

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17  
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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**