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FILED AUG 22 1944
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27697

Registration District No. 119 | Primary Registration District No. 5443 | Registrar's No. 27

37
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0

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

1. PLACE OF DEATH:
(a) County: Gasconade
(b) City or town: Rural Roark Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Mi. S. of Hermann /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 10 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: M O (b) County: Gasconade 37
(c) City or town: "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mi. S. of Hermann 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: CRISSIE POESCHEL
3. (b) If veteran, name war: --
3. (c) Social Security No. --
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Oct (Month) 26 (Day) 1933 (Year)

8. AGE: Years 10 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace: Hermann (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation: Attending School
11. Industry or business:
FATHER 12. Name: Albert Poeschel
FATHER 13. Birthplace: Hermann (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name: Loretta Reiff
MOTHER 15. Birthplace: Hermann (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant: Albert Poeschel
(b) Address: Hermann, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation: H ermann City Cem.
18. (a) Signature of funeral director: Hugo H. Blumer
(b) Address: Hermann, Mo
19. (a) July 25/44 (Date received local registrar) (b) A. H. Siedler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
year 1944 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from 7-22-, 1944, to 7-23-, 1944, that I last saw h-- alive on 7-22-, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Meningitis	
Due to: Streptococcus Infection Back of Ear -	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

8/10

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Howard Fortman (M. D. or other)
Address: Hermann Mo Date signed 7-25-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number .....

Date Filed 8-21-44

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 Hugo H. Oliver

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.