

No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29727
Registrar's No. 8224

FILED SEP 30 1944
318

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5329 Minnesota Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Oswald Poenack
3. (b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 24th
year 1944 hour 9:10 minute P. M.
21. I hereby certify that I attended the deceased from 9/16/44
19. to Sept. 24th, 19. 44
that I last saw him alive on Sept. 24th, 19. 44
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Poenack
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March 31 1874
(Month) (Day) (Year)

Immediate cause of death.
Cerebral hemorrhage
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Cerebral hemorrhage

8. AGE: Years Months Days If less than one day
70 5 24 hr. min.

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

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Bricklayer

11. Industry or business Unknown
12. Name Germany
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Germany
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Poenack
(b) Address 5329 Minnesota Ave
17. (a) (Burial, cremation, or removal) Cremation (b) Date thereof 9-28-1944
(Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

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) (c) Means of injury
23. Signature J. A. Sauter J. 1515 Lafayette (M. D. or other) Date signed 9/25/44

18. (a) Signature of funeral director Wm. Schumacher
(b) Address 3013 Meramec St
19. (a) SEP 26 1944 (b) J. F. Brueck (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

Francis O. Williamson

Licensed Embalmer No.

3565

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.