. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED AUG 24 1945

26041

State File No.

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6911

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community Life,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 00

(c) City or town St. Louis, 17 16
(If outside city or town limits, write "RURAL")

(d) Street No. 4281 Tholozan 4
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Beatrice Poth,

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female

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 August 30, 1912,
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
32	11	4	hr. min.

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

10. Usual occupation none,

11. Industry or business

FATHER
12. Name Rev. George M. Poth,
13. Birthplace (City, town, or county) Germany, 4 (State or foreign country)

MOTHER
14. Maiden name Selina Locher,
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Rev. George M. Poth,
(b) Address 4281 Tholozan,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Churchyard,

18. (a) Signature of funeral director Oscar J Hoffmeister
(b) Address 4016 Chippewa,

19. (a) AUG 6 1945 (Date received local registrar) (b) J. F. Bridech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1945 hour 5 minute P M.

21. I hereby certify that I attended the deceased from July 16, 1945, to August 4, 1945; that I last saw her alive on August 4, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Encephalitis	3 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A R Shuffler (M. D. or other)
Address 634 N. Grand St Louis, Mo Date signed 8-6-45

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Stoppe

Licensed Embalmer No. 2991

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.