S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 34471 10

Registration District No. [redacted] 309 Primary Registration District No. [redacted] 6050 Registrar's No. 6

**1. PLACE OF DEATH:**
(a) County: St. Charles
(b) City or town: Portage des Sioux Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 9 years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: St. Charles 92
(c) City or town: "Rural" Portage des Sioux Twsp
(If outside city or town limits, write "RURAL") 0
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: VINCENT JOSEPH POELING
3. (b) If veteran, name war:
3. (c) Social Security No. 342-12-7287
4. Sex: male 0
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: February (Month) 14, (Day) 1917 (Year)
8. AGE: Years 28 Months 7 Days 14 If less than one day hr. min.
9. Birthplace: Alton (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Machinist
11. Industry or business:
MOTHER FATHER
12. Name: Tobias Poeling
13. Birthplace: St. Charles County, Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Marie Echele
15. Birthplace: St. Charles County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Tobias Poeling (father)
(b) Address: Machens, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Oct 1-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Francis Cemetery Portage des Sioux, Mo.
18. (a) Signature of funeral director: H. C. Gallmeyer & Son
(b) Address: 800 N. 2nd-St. Charles, Mo.
19. (a) Oct. 1-1945 (Date received local registrar) Mrs Rose Barnard (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 28 year 1945 hour 12:40 minute P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: due to accidental discharge of a 12 gauge gun (Jury's Verdict)
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 184 8
Of autopsy: 17

Duration

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): accident 92
(b) Date of occurrence: Sept. 28, 1945
(c) Where did injury occur? Machens, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? no (e) Means of injury: gunshot
23. Signature: Maria Mondey Rossmer (Relationship or other)
Address: Wentzville Mo Date signed: Sept 29 45

678 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 10-15-45

OCT 24 1945

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 John E. Dallmeyer
Licensed Embalmer No. 2951
P. O. Address St Charles 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.**