FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

Registration District No. 3187

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29407

Primary Registration District No. 1003

Registrar's No. 8287

1. PLACE OF DEATH:

(a) County

(b) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: GOOD SAMARITAN HOME, 4500 WASHINGTON BLVD.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town SAINT LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4500 WASHINGTON BOULEVARD 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME MISS CAROLINE W. POEHLER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JANUARY 20th, 1947 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 8 If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business

MOTHER FATHER

12. Name MRS. AUGUST POEHLER

13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name WILHELMINA KISKER

15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant ANNA POEHLER

(b) Address 4500 WASHINGTON BOULEVARD

17. (a) REMOVAL (b) Date thereof 9-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON, MISSOURI

18. (a) Signature of funeral director CALVIN F. FEUTZ

(b) Address 4628 NATURAL BRIDGE BOULEVARD

19. (a) AUG 30 1947 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 28th, year 1947 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug, 19 47, to Aug 28, 19 47, that I last saw h alive on Aug 27, 19 47, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebral Hemorrhage — 2 yrs

Due to: Arteriosclerosis — 2 yrs

Due to: Hemiplegia (right) Paralysis (left)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

PHYSICIAN

Underline the cause of 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 J. F. Lemmon M. D. or other

Address 670 4 W. F Lemmon Date signed Aug 30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 2
—1/47
5-17-39

6704 W. Florissant Ave.
11 to 1
6 to 8 Pm
Office Ev. 4555
Home Ev. 5021

MAR 2 1951

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 A. Mlinar

Licensed Embalmer No. 4106

P. O. Address [illegible]

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.