

FILED DEC 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36641

State File No.

371

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann, Mo.
c. LENGTH OF STAY (In this place) 1yr
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Gasconade
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boulevard Roark Twp.
d. STREET ADDRESS (If rural, give location) 8 mi. SW of Hermann, Mo. 0370

3. NAME OF DECEASED a. (First) Carolina b. (Middle) Poeschel c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) Nov. 24 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Aug. 19-1880 9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fritz Oetterer 13b. MOTHER'S MAIDEN NAME Minnie Wilbreth 14. NAME OF HUSBAND OR WIFE Henry Poeschel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. None 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Christ Oelschlaeger Hermann, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH years
ANTECEDENT CAUSES Coronary Occlusion 5 Min.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Death in 5 minutes
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS 42
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July, 1949, to Nov., 1950, that I last saw the deceased alive on Nov. 16, 1950, and that death occurred at 2:45P m., from the causes and on the date stated above.

23a. SIGNATURE John Bryan (Degree or title) MD. 23b. ADDRESS Hermann, Mo. 23c. DATE SIGNED 11-25-50

24a. BURIAL, CREMATION (REMOVAL) (Specify) Burial 24b. DATE 11-27-50 24c. NAME OF CEMETERY OR CREMATORY Hermann City Cemetary 24d. LOCATION (City, town, or county) (State) Hermann Mo.

DATE REC'D BY LOCAL REG. 11/27/50 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Aug. H. Blumer Hermann, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC-2 1950

RECEIVED

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.

Licensed Embalmer No. 2552

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.