

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13661**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **81**

923
0

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

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) St Charles		c. CITY (If outside corporate limits, write RURAL and give township) St Charles	
c. LENGTH OF STAY (in this place) 85 yrs		d. STREET ADDRESS (If rural, give location) 518 North 5th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) Henry c. (Last) Poese			4. DATE OF DEATH (Month) (Day) (Year) April 23 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 18 1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY MAEN. A.E.F. Co		11. BIRTHPLACE (State or foreign country) Germany	
13a. FATHER'S NAME Mathias Poese			13b. MOTHER'S MAIDEN NAME Clara Rohlfing		14. NAME OF HUSBAND OR WIFE Deceased Sophia Dieckmann Poese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Poese 518 No. 5th St		
---	--	---------------------------------------	---	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure - Advanced ANTECEDENT CAUSES (b) Arteriosclerotic heart disease 50 yrs. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Generalized Arteriosclerosis 4 yrs. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture left hip			INTERVAL BETWEEN ONSET AND DEATH 3 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) 4200F	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2-4, 1948**, to **4-22, 1951**, that I last saw the deceased alive on **4-22, 1951**, and that death occurred at **2:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS 114 N. Main St. Charles Mo.		23c. DATE SIGNED 25 April 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 25 1951		24c. NAME OF CEMETERY OR CREMATORY St Johns Cemetery	
24d. LOCATION (City, town, or county) (State) St Charles Mo.		DATE REC'D BY LOCAL REG. 4-25-51		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS St Charles Mo.			

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 7 1951

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student,
Student Embalmer

Signed *Arthur C. Bauer*

Licensed Embalmer No. 3155

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.