

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43731

State File No. _____

11561

FILED JAN 10 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2099</u>	
c. LENGTH OF STAY (in this place) <u>Years</u>		d. STREET ADDRESS (If rural, give location) <u>9 1931a East Warne Avenue.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1931a East Warne Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u> b. (Middle) <u>W.</u> c. (Last) <u>Poetting</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 14, 1952.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 2, 1874</u>
9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Months Days	11. UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Miss. Glass</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Poetting</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Fiene</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Sophia Poetting</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-07-5527</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sophia Poetting, 1931a E. Warne Ave.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis with acidosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Right hemiplegia 1944</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>592X</u>			
22. I hereby certify that I attended the deceased from <u>1944</u> , to <u>12-14, 1952</u> , that I last saw the deceased alive on <u>11-29, 1952</u> , and that death occurred at <u>9:45 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Earl R. Rice M.D.</u>		23b. ADDRESS <u>611 Olive Street</u>	
23c. DATE SIGNED <u>12-16-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-17-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 16 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son Inc.</u>		ADDRESS <u>2161 E. Fair Ave.</u>	

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

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 Clement M. Peauf

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.