

FILED NOV 29 1954

STANDARD CERTIFICATE OF DEATH

State File No. 39117

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10419

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis	c. LENGTH OF STAY (In this place) 9 days	c. CITY OR TOWN Spanish Lake	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		e. STREET ADDRESS (If rural, give location) 11914 Bellefontaine Road	

3. NAME OF DECEASED (Type or Print) a. (First) Elmer	b. (Middle) L	c. (Last) Poggemoeller	4. DATE OF DEATH (Month) (Day) (Year) Nov 15 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 14, 1902	9. AGE (In years last birthday) 52	10. UNDER 1 YEAR Months Days	11. UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Clerk	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Poggemoeller	13b. MOTHER'S MAIDEN NAME Matilda Beckmann	14. NAME OF HUSBAND OR WIFE Mrs. Amelia Poggemoeller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 189-01-9307	17. INFORMANT'S SIGNATURE OR NAME Mrs. Amelia Poggemoeller,	ADDRESS 11914 Bellefontaine
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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) <i>Nephritic Crs with uraemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>unk</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension Chronic</i>		<i>unk</i>
	DUE TO (c) <i>Arteriosclerosis General</i>		<i>unk</i>
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <i>592x</i>
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22. I hereby certify that I attended the deceased from *11-7*, 1954, to *11-15*, 1954 that I last saw the deceased alive on *11-15*, 1954, and that death occurred at *9:35 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Robert S Warner M.D.</i>	(Degree or title)	23b. ADDRESS <i>1115 Paul Binn Bellefontaine</i>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov 19 1954	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. NOV 16 1954	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Math Hermann &amp; Son, Inc.</i>	ADDRESS 2161 E. Fair Ave
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Wilford H Burnley*.....

Licensed Embalmer No. *4200*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.