Health, Welfare Public Service

300
1-57

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005031
STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3022 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY: FRANKLIN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: GASCONADE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): WASHINGTON — Inside Limits: Yes ☑ No ☐	c. CITY OR TOWN: HERMANN 0371 — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. FRANCES HOSPITAL — Length of stay in 1b: 2 mo. + 2 DAYS	d. STREET ADDRESS (If outside, give location): EAST FIRST STREET — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First JOHANNA, Middle LOUISE, Last POESCHEL		4. DATE OF DEATH: Month FEB., Day 14, Year 1958	
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: MARCH 9, 1861
9. AGE (In years last birthday): 96	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): DOMESTIC	10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WORK	11. BIRTHPLACE (City and state or country): HERMANN, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: MICHAEL POESCHEL	13b. MOTHER'S MAIDEN NAME: CATHERINE WAGNER	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT: Mrs HELEN WOHLT — Address: HERMANN, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 1 HR

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): ARTERIOSCLEROSIS

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 332X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1953, to 2-14-58 and last saw her alive on FEB 14, 1958

Death occurred at 10:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George M. Workman M.D.	22b. ADDRESS: HERMANN, MO	22c. DATE SIGNED: 2-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION	23b. DATE: 2/17/58	23c. NAME OF CEMETERY OR CREMATORY: VALHALLA CHAPEL of MEMORIES
23d. LOCATION (City, town, or county): St. LOUIS	(State): Mo.	
24. FUNERAL DIRECTOR: Hugo H. Blumer — ADDRESS: Hermann Mo.	25. DATE RECD. BY LOCAL REG.: 2/15/58	26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 2557

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.