

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013789

FILED VS FEB 23 1960 319

Registration District No. 319 Primary Registration District No. W444 Registrar's No. 12

STATE FILE NUMBER

|   |                      |  |  |
|---|----------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>STE. GENEVIEVE</b>  |                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)<br>a. STATE <b>MO.</b> b. COUNTY <b>STE. GENEVIEVE</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN                                     | Length of stay in 1b | c. CITY OR TOWN <b>FESTUS</b>  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>RR#1 FESTUS, MISSOURI</b> |                      | d. STREET ADDRESS (If outside, give location)<br><b>RR#1</b>   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

|   |                               |   |  |   |   |
|---|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print)<br><b>HARRY C. POGGEMOELLER</b>   |                               |   | 4. DATE OF DEATH <b>FEB. 13, 1960</b>  |   |   |
| 5. SEX <b>male</b>  | 6. COLOR OR RACE <b>white</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>6/2/84</b>   | 9. AGE (last birthday) <b>75</b>                          | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>FARMING</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>OWN FARM</b>  | 11. BIRTHPLACE (City and state or country)<br><b>STE. GENEVIEVE CO. U.S.A.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>              |   |
| 13a. FATHER'S NAME<br><b>CHRISTIAN POGGEMOELLER</b>   |                               | 13b. MOTHER'S MAIDEN NAME<br><b>CHARLOTTE LONG</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>ROBINA POGGEMOELLER</b> |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If Yes, give war or dates of service)      |                               | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address <b>FESTUS MO</b><br><b>MRS. ROBINA POGGEMOELLER RR#1</b> |   |   |

|   |                             |  |
|---|-----------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |                             | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a)   | <b>Broncho Pneumonia</b>    | <b>3 days</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Inf/uenza</b> | <b>3 days</b>  |
|   | DUE TO (c)                  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                             | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|  |   |  |
|--|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.  | Month, Day, Year  |  |

|  |  |  |                                 |                     |
|--|--|--|---------------------------------|---------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><b>FESTUS, MO.</b> | COUNTY<br><b>STE. GENEVIEVE</b> | STATE<br><b>MO.</b> |
| 21. I attended the deceased from <b>Feb 10 1960</b> to <b>Feb 13</b> and last saw <b>him</b> alive on <b>Feb. 12 1960</b><br>Death occurred at <b>11:30 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |                                 |                     |

|  |                                     |  |  |
|--|-------------------------------------|--|--|
| 22a. SIGNATURE<br><i>Arthur J. Gentry</i>                | (Degree or title)<br><b>MD</b>      | 22b. ADDRESS<br><b>Ste. Genevieve Mo</b>                   | 22c. DATE SIGNED<br><b>2-13 1960</b>                                     |
| 23a. BURIAL CREMATION, BUREAU (Specify)<br><b>Bureau</b> | 23b. DATE<br><b>2/16/60</b>         | 23c. NAME OF CEMETERY OR CREMATORY<br><b>POGGEMOELLER</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>RR#1 FESTUS, MO.</b> |
| 24. FUNERAL DIRECTOR<br><b>GENTRY R. POLITTE</b>         | ADDRESS<br><b>CRYSTAL CITY, MO.</b> | 25. LOCAL DATE RECD. BY LOCAL REG.<br><b>Feb. 16, 1960</b> | 26. REGISTRAR'S SIGNATURE<br><i>Willie Baker</i>                         |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leutwy R. Po

Licensed Embalmer No. 34

P. O. Address Bristol

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.