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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. | | Length of stay in 1b 27 days. | c. CITY OR TOWN St. Louis, |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis State Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3320a Aubert Ave. |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First FRED Middle POELING Last POELING | | | 4. DATE OF DEATH Month Sept. Day 9th Year 1960 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-15-1877 | 9. AGE (last birthday) 83 yrs. | IF UNDER 1 Year Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) formerly: night watchman | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY | | 13a. FATHER'S NAME Joseph Poeling | | 13b. MOTHER'S MAIDEN NAME Anna Poemiskoetter | |
| 14. NAME OF HUSBAND OR WIFE Ann a Poeling | | 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. 488-05-7511 | |
| 17. INFORMANT June Goff | | Address 1125 Walker St. Louis Co. Mo. | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Interstitial Pneumonia | | INTERVAL BETWEEN ONSET AND DEATH about 8 hrs. | |
| DUE TO (b)- Virus infection | | | |
| DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary edema. | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| (b) Pulmonary fibrosis - inactive Tuberculosis | | | |

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ | | | |
| 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 | COUNTY STATE |

21. I attended the deceased from **Aug. 13, 1951** to **Sept. 9, 1960** and last saw him **Sept. 9, 1960** alive on **5:05** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
 Death occurred at **Edward G. Dewein, M.D.**

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| 22a. SIGNATURE Edward G. Dewein M.D. | (Degree or title) | 22b. ADDRESS 5400 Arsenal St. | 22c. DATE SIGNED 9-9-60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) cremation | 23b. DATE 9/12/60 | 23c. NAME OF CEMETERY OR CREMATORY Valhalla | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
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| 24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME, 319 Hallsferry | ADDRESS | 25. DATE RECD. BY LOCAL REG. SEP 10 1960 | 26. REGISTRAR'S SIGNATURE Roald Smith, M.D. |
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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 W. Binkley

Licensed Embalmer No. 365

P. O. Address W. Binkley

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.