N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D NOV 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33967
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 8953

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. 4915 Finkman Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 77 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 460 Herman Poehler

(a) Residence, No. 4915 Finkman Ave. St. 2
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura M. Poehler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16th. 1861

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
77	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired City
9. Industry or business in which work was done, as saw mill, bank, etc. Employee
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 0

FATHER

13. NAME Fred Poehler 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER

15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Laura M. Poehler 4915 Finkman Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefountaine DATE 10-15-38, 19

19. FUNERAL DIRECTOR (ADDRESS) Provost Und. Co. 3710 E. Grand Blvd.

20. FILED OCT 13 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1938 to Oct. 12, 1938

I last saw h. alive on Oct. 12, 1938. Death is said to have occurred on the date stated above, at 8.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. ~~If death was due to external causes (violence), fill in also the following:~~
Accident, ~~suicide, or homicide?~~ Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, ~~in home, or in public place.~~
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jerome A. Inman, M. D.
(Address) 508 N. Grand

(Licensed Embalmer's Statement on Reverse Side)

J. I. Simon
Met Bldg.
3-5

JE
7520

STATEMENT BY LICENSED EMBALMER

I, A. A. Smithers, Licensed Embalmer No. 3916

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E. 3916

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)