FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8842

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2252

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4219 McRee 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 1718
(If outside city or town limits, write "RURAL")

(d) Street No. 4219 McRee 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME BABY POEHLEIM

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MARCH (Month) 10 (Day) 1941 (Year)

8. AGE: Years | Months | Days | If less than one day hr. 45 min.

9. Birthplace St Louis (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name CHARLES HENRY POEHLEIM
13. Birthplace EVANSVILLE (City, town, or county) 1 INDIANA (State or foreign country)

MOTHER
14. Maiden name MARY LABERNE STRONG
15. Birthplace St Louis (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant's own signature J. P. Ferguson M.D.
(b) Address Fermin Desloge Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 11 (Day) 41 (Year)
(c) Place: burial or cremation WAHALLA CEMETERY

18. (a) Signature of funeral director KRIEGSHAUSER UNDCo
(b) Address 4228 So. Kingshighway

19. (a) MAR 11 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 10th year 1941 hour 9 minute 00 A M.

21. I hereby certify that I attended the deceased from MARCH 10th, 1941, to SAME, 1941; that I last saw him alive on MARCH 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death ATELECTASIS - Due To DIAPHRAGMATIC HERNIA (AND COMPLETE FILLING OF CHEST CAVITY WITH ABDOMINAL VISCERA).

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As Above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph M. Krebs (M. D. or other)
Address 1825 S Grand Date signed 3/10/41

(Licensed Embalmer's Statement on Reverse Side)

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

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.

1 X19311

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....No Embalming.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.