

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26801  
Registrar's No. 6593

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town. St. Louis Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Ex. route to St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 3 (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County.....  
(c) City or town. ST LOUIS MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5143 WATERMANN  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10<sup>th</sup> day August  
year 1941 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from  
April 1, 1941 to Aug 10, 1941;  
that I last saw him alive on Aug 9, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Heart Prostration  
Due to Hypertension

Duration  
1 day  
6 hrs

Other conditions  
(Include pregnancy within 3 months of death)  
103

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME EDWARD F. POEHLER

3. (b) If veteran, name war No. 3. (c) Social Security No. none

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife IRENE POEHLER 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased March 4 1901  
(Month) (Day) (Year)

8. AGE: Years 40 Months 5 Days 6 If less than one day  
hr. min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Police Officer

11. Industry or business.....

12. Name HENRY POEHLER

13. Birthplace Ills  
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET ENGELMANN

15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Poehler

(b) Address 5143 Watermann

17. (a) BURIAL (b) Date thereof Aug 3<sup>rd</sup> 1941  
(Burial, cremation, or re-novel) (Month) (Day) (Year)

(c) Place: burial or cremation MT. LEONARD CEMETERY

18. (a) Signature of funeral director W. J. ...

(b) Address ...

19. (a) AUG 12 1941 (b) J. J. ...  
(Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (e) Means of injury.....  
23. Signature Arthur Swelger (M. D. or other)  
Address ... Date signed 8/14/41

**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 Walter L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave

**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, fact should be so stated above.**