No. 2
1-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39516

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 2528

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: New St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ weeks (Specify whether

In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 11

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 7

(d) Street No. 2340 South Ninth Street (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME John L. Poetz

3. (b) If veteran, name war

3. (c) Social Security No. 490-20-5744

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Augusta Poetz

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov. (Month) 16. (Day) 1870 (Year)

8. AGE: Years 71 Months 0 Days 25 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business City of St. Louis

FATHER
12. Name John Poetz
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Schmidt
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Augusta Poetz

(b) Address 2340 So. Ninth Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter & Paul Cem.

18. (a) Signature of funeral director Wm J. Robert L. & U. Co.

(b) Address 1905 So. Grand Blvd.

19. (a) DEC 12 1941 (Date received local registrar) (b) E. G. McGarron M.D. (Registrar's signature) A.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th year 1941 hour 5 o'clock minute 45 A.M.

21. I hereby certify that I attended the deceased from November 23rd, 1941, to December 11, 1941; that I last saw him alive on December 10th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Liver insufficiency & Damage from	9 weeks
1) Due to Secondary Carcinoma of Liver	(?) months
2) Due to Primary Carcinoma of Lower End of Esophagus	(?) months
Other conditions (Include pregnancy within 3 months of death) (3) Blind Internal Anal fistula and Paranal Abscess	

Major findings: Of operations Paranal Abscess & Int fistula

Of autopsy Secondary Carcinoma of Liver - Primary Carcinoma Esophagus - Ulcerative Colitis

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 Louis Rasseur (M. D. or other) 0

Address 607 North Grand Blvd Date signed 12-11-41

(Licensed Embalmer's Statement on Reverse Side)

DEC 22 1941

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis, Mo

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.