No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1947

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3578

Registrar's No. 80

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Manchester Nursing Home & Sanatorium 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8/7/43 to 1/13/47 (Specify whether
In this community 8/7/43 to 1/13/47
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3923 Chippewa 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Ellen Poelking

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late Anton

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

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

8. AGE: Years 76 Months 11 Days 27 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown Fahey
13. Birthplace (City, town, or county) Ireland 7 (State or foreign country)

MOTHER
14. Maiden name Mary Walsh
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Helen Poelking
(b) Address 3923 Chippewa St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 15 (Day) 47 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Blvd.

19. (a) 1-16-47 (Date received local registrar) (b) Ruth Fallen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1947 hour 805 minute A M.

21. I hereby certify that I attended the deceased from Feb 3, 1946
, 19 , to Jan 13 , 1947
that I last saw her alive on Jan 11 , 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to 93d

Due to

Other conditions Anemia, low Bl. Pressure
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 0

23. Signature C H Denny (M. D. or other)
Address Creve Coeur, Mo. Date signed 6-19-47

(Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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, fact should be so stated above.