

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7233
Registrar's No. 4141

FILED MAR 14 1947

Registration District No. 57 Primary Registration District No. 3068

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3553 Cambridge Ave.
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Julia Poetting

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife August 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Sept. 6 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76	5	18	hr. min.
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9. Birthplace Bay Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business _____

12. Name Karl Walters 4

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

14. Maiden name unknown 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant Arthur Poetting

(b) Address 3553 Cambridge Ave.

17. (a) burial (b) Date thereof Feb. 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave.

19. (a) 2-3-47 (b) Ruth Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 3553 Cambridge Ave. 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1947 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-15, 1947, to 2-24, 1947
that I last saw her alive on 2-23, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Heart Block (not due to digitalis) probably from poor conduction of nerve impulse thru bundle of His. 6 weeks.

Due to _____

Due to _____

Other conditions Myocardial Degeneration 2 years
(Include pregnancy within 6 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Carl Brumby (M. D. or other) _____
Address Walter's Graves Date signed 3/2/47



OCT 25 1951

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 3454

....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.