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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 23 1948

318

STANDARD CERTIFICATE OF DEATH

34571
State File No. 8972
Registrar's No.

Registration District No. Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County ST. LOUISIS MO
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3330 TEXAS 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)

3. (a) PRINT FULL NAME ANTONETTE POESCHL
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 WIDOW
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 1 1868 (Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation WIDOW

11. Industry or business AT HOME

12. Name JOSEPH LISTOPAD

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

14. Maiden name UNKNOWN

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

16. (a) Informant CHARLES POESCHL

(b) Address 3330 TEXAS

17. (a) BURIAL (b) Date thereof OCT. 18, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER + PAUL

18. (a) Signature of funeral director Thos Kutis + Son

(b) Address 2906 GRAVOIS ST. LOUIS, MO.

19. (a) OCT 16 1948 (Date received local registrar) J.B. Lasater (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BOONVILLE
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 3330 TEXAS (If rural, give location)
(e) Citizen of foreign country? 24 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 14 year 1948 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from August 12 1948 to October 14 1948 that I last saw h/w alive on October 14 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Due to: Senescent Atherosclerosis

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

Major findings: Of operations
Of autopsy

Duration 6 years
6 years
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) (e) Means of injury
Signature Julius Cha. Keller (M. D. or other) M.D.
Address 2603 Cherokee St Date signed Oct 15-48

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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 *Samuel C Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Grand*

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.