

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS  
STANDARD CERTIFICATE OF DEATH

26779

State File No. ....

S. No. 300  
v. 10-48

FILED JUL 23 1952

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1916</u>			
1. PLACE OF DEATH a. COUNTY <u>St Louis</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>8120</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>hemay</u>		c. LENGTH OF STAY (in this place) <u>7 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Herrin</u> <u>8</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mt St Rose SAN.</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAULINE</u>			b. (Middle)		c. (Last) <u>POELKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-13-52</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5-28-1913</u>		9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hour Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u> <u>1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Charles Taylor</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>EDWARD J. POELKER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LORETTA HAAS - Belleville, ILL.</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>July 11 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Right Thorax explant 002X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>June 9, 1952</u> to <u>July 13, 1952</u> , that I last saw the deceased alive on <u>July 13, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>William A. Thomas M.D.</u>				23b. ADDRESS <u>1111 1/2 W. Village Park Ave</u>			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>57-13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia, Ill.</u>		24d. LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REG. <u>7-15-52</u>		REGISTRAR'S SIGNATURE <u>Nerbert R. Donahue</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Boags - Centralia ILL.</u>				

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

2001 03 10

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Ronald O. Yehke*

Licensed Embalmer No. *9917*

P. O. Address *St. Louis*

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.