

FILED JUN 24 1954

STANDARD CERTIFICATE OF DEATH

21104  
State File No. 5313

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5313**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>2249</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS Mo 3</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>ST. LOUIS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ENROUTE Mo. PAC. HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>24 3330 TEXAS</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>F.</b> c. (Last) <b>POESCHL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 11 1954</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN. 19 1904</b>	9. AGE (In years last birthday) <b>50</b>	If under 1 year: Months _____ Days _____ If under 24 hours: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OFFICE CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. PACIFIC</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri O</b>	12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <b>JACOB POESCHL</b>	13b. MOTHER'S MAIDEN NAME <b>ANTOINETTE LISTOPAD</b>	14. NAME OF HUSBAND OR WIFE <b>RUTH POESCHL</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>RUTH POESCHL 3330 TEXAS</b>		

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		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) <b>Coronary Thrombosis</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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>4201</b>
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22. I hereby certify that I attended the deceased from **3** 19 **19** to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:26 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Patrick L. Taylor Coroner</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>6/14/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JUNE 15 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>S. S. PETER + PAUL</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>
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DATE REC'D BY LOCAL REG. <b>JUN 14 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kutie 2906 Gravoie</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
Signature of Student Embalmer

Signed.....  
*Samuel E. Hill*

Licensed Embalmer No. .... *434*

P. O. Address *2906 Du*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.