

STANDARD CERTIFICATE OF DEATH

State File No. 21105

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5267

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>2154</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS 0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>15 3444 ITASKA AVE.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNE</u> b. (Middle) <u>CLARA</u> c. (Last) <u>POETZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 10th 1954</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>DEC 22nd 1895</u>
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 YRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>		13. FATHER'S NAME <u>NICHOLAS VOGEL</u>	
13b. MOTHER'S MAIDEN NAME <u>HEDWIG BUCHWOLD</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM J POETZ</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William J Poetz 3444 Itaska Ave</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</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		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>JUNE 3</u> , 19 <u>54</u> , to <u>JUNE 10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>JUNE 10</u> , 19 <u>54</u> , and that death occurred at <u>4:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ralph Berg</u>		23b. ADDRESS <u>3203 D Grand</u>	
23c. DATE SIGNED <u>6/11/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 14-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION-CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 14 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Robert & U. Co.</u>		ADDRESS <u>1905 So Grand.</u>	

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

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Bill C Branson

Signed.....
Student Embalmer

Licensed Embalmer No. 4764

P. O. Address. St. Louis Mo

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.