

FILED MAY 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

16915

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4330

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4330		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2019		
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 7 3917a North Euclid Avenue, 15.				
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) HERMAN		c. (Last) POEHLER		4. DATE OF DEATH (Month) (Day) (Year) May 14th, 1955		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 10th, 1880		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receiving Clerk	10b. KIND OF BUSINESS OR INDUSTRY State Hospital		11. BIRTHPLACE (City and State or Foreign Country) Addieville, Illinois /		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Henry Poehler		13b. MOTHER'S MAIDEN NAME Hedwig Mueller		14. NAME OF HUSBAND OR WIFE Clara Poehler nee Steinke				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Poehler, 3917a North Euclid Avenue,				
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) Myocardial infarction, posterior lateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery sclerosis & thrombosis DUE TO (c) Ventricular tachycardia & cardiac decompensation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 week  3  1 day	
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) None		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 4201				
22. I hereby certify that I attended the deceased from 13 May, 1955, to 14 May, 1955, that I last saw the deceased alive on 14 May, 1955, and that death occurred at 10:50P m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Joseph H. Edwards, M.D.				23b. ADDRESS 3720 Washington Blvd		23c. DATE SIGNED May 16, 1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/18/55	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. MAY 17 1955		REGISTRAR'S SIGNATURE Charles Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GALVIN F. FEUTZ, 4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

Fr. 1-3737  
1.5 P.M. Mon.  
Call Dr. Edwards Mon. for his hours.

File in City

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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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed John A. Mlenar  
Licensed Embalmer No. 4186

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.