

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003State File No. 4818
1236
Registrar's No.

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 months
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME: Joseph Frank Poetz

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased June 22, 1900
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
41 7 15 hr. min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired Ballplayer

11. Industry or business _____

12. Name William Poetz13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Poetz15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Marie Poetz(b) Address 3452 Missouri Avenue17. (a) Burial (b) Date thereof Feb. 10, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation NEW SS PETER & PAUL CEMETERY18. (a) Signature of funeral director Wm J. Robert L. & Co(b) Address 1905 So. Grand Blvd.19. (a) FEB 9 1942 (b) J. F. Braden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3452 Missouri Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7
year 1942 hour 8 minute 20 P.M.21. I hereby certify that I attended the deceased from 3-8-41
_____, 19____, to 2-7-42, 19____;
that I last saw him live on 2-6-42, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Congestive Heart Failure Duration 3 yrsDue to Mitral Stenosis ?

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 _____23. Signature E. Lee Shrader (M. D. MD)
Address 3720 Washington Date signed 2-9-42