WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18552

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4014 Natural Bridge Ave. St. ..... Ward)

File No. .....

Registered No. 4908

2. FULL NAME John H. Pahlmann

(a) Residence. No. 4014 Natural Bridge Ave. 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pauline Pahlmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	10	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Auditor

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer St.L. & S.W.R.R.Co.

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Pahlmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not known

14. INFORMANT Mrs Pauline Pahlmann
(Address) 4014 Natural Bridge Ave.

15. FILED MAY -5 1928, 19 Max C Starkloff REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1928

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1928, to May 4, 1928 that I last saw him alive on March 4, 1928, and that death occurred, on the date stated above, at 3.10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Terminal Broncho Pneumonia

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[illegible]

1679 (duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

Chronic Interstitial Nephritis (duration) 8 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1290

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. G. Krenning, M. D

May 4, 1928 (Address) 4548 Harris Av.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. Peters Cemetery	May 7 1928

20. UNDERTAKER	ADDRESS
A. Kron L. Ulla	2707 N Grand Bl