

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

Do not use this space.

25836

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo (No. St. Mathew's)

(No. St. Mathew's)

Folio No. ....

Registered No. 7692

St. .... Ward)

**2. FULL NAME**

Russell C. Pohlmann

(a) Residence, No. 1932 Hebert St. St. 16 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Single

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** April 28 - 1925

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
3	2	26	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none

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

(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)** St. Louis, Mo

(STATE OR COUNTRY)

PARENTS

**10. NAME OF FATHER** Henry Pohlmann

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

**12. MAIDEN NAME OF MOTHER** Bertha Arnold

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

**14.**

INFORMANT Henry Pohlmann  
(Address) 1932 Hebert St.

**15.**

FILED Jul 26 1928  
REGISTERAR Wm C. Stankel

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** July 24 1928

**17. I HEREBY CERTIFY** That I attended deceased from July 14 1928 to July 24 1928 that I last saw him alive on July 24 1928, and that death occurred, on the date stated above, at 10:10 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Lymphatic Leukemia

**CONTRIBUTORY (SECONDARY)**

12A (duration) yrs. 2 mos. da.  
65A (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**18. DID AN OPERATION PRECEDE DEATH? DATE OF.....**

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? Blood examination

(Signed) J. W. White, M. D.  
July 25, 1928 (Address) 4500 Olive

\*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**

St. Mathews

**DATE OF BURIAL**

July 26 1928

**20. UNDERTAKER**

Wm Leidner Und Co N. Market St

**ADDRESS**

1417

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.

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