

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

Do not use this space.

43020

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City..... (No. 4317 John Ave)

File No.....
Registered No. 12295 (St. Ward)

2. FULL NAME

William C. Pohlman
(a) Residence. No. 4317 John St., 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Francis Pohlman</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>12-28-1856</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>11</u>
		<u>18</u>
	If LESS than 1 day, ____ hrs. or ____ min.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo

PARENTS

10. NAME OF FATHER John Pohlman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Bridget Mansfield
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Francis Pohlman
(Address) 4317 John Ave

15. FILED DEC 17 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 16 1928
17. I HEREBY CERTIFY, That I attended deceased from 12-5-28 to 12-16-28 and that I last saw him alive on 12-8-28 and that death occurred, on the date stated above, at 9:46 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
930
12-7-28
(duration) 2 yrs. mos. da.
CONTRIBUTORY Chronic Cholecystitis
(SECONDARY)
(duration) 1 yrs. mos. H da.

18. WHERE WAS DISEASE CONTRACTED? 9013
IF NOT AT PLACE OF DEATH.....

0 Did an OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinic Fredericks
(Signed) James G. Garret, M. D.
12-17, 1928 (Address) Mo. Theaters Bldg

*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 Calvary Cemetery DATE OF BURIAL 12/19 1928

20. UNDERTAKER A. A. Stock and Co ADDRESS 2117 E. Grand

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.

