

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

Do not use this space.

33168

1. PLACE OF DEATH

County Registration District No. 78
 Township St. Louis Primary Registration District No. 1005
 City St. Louis (No. 1936 Wyoming) St. 10072 Ward

2. FULL NAME

(a) Residence, No. 1936 Wyoming 24 Ward. (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 <u>Female</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>Edward E. Pohnan</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 6 - 1895</u>				
7. AGE	YEARS <u>35</u>	MONTHS <u>10</u>	DAYS <u>22</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
	11. Total time (years) spent in this occupation <u>139</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo. 139</u>				
FATHER	13. NAME <u>Joseph Weber</u> <u>!!!</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ills.</u>			
MOTHER	15. MAIDEN NAME <u>Louise Hubel</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>			
17. INFORMANT <u>Louise Weber</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcellus Oct. 1. 1931</u>				
19. UNDERTAKER <u>Thos. Kuttis</u>				
20. FILED <u>29 1931</u> <u>Max Starobin</u> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/28/31 .19

22. I HEREBY CERTIFY, That I attended deceased from 9/18/31 19....., to 9/28/31 19.....
 I last saw her alive on 9/28/31 19..... Death is said to have occurred on the date stated above, at H.P. m.
 The principal cause of death and related causes of importance were as follows:
Lypo static Pneumonia due to operation for abscess of tubes & ovaries from infective cause of some unknown Date of onset 9/20/31

Other contributory causes of importance:
39 B

Name of operation Hysterectomy Date of 9/18/31
 What test confirmed diagnosis? Auscultation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Victor P. Egan M. D.
 (Address) 2807 1/2 Watson Blvd

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.

