

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

Do not use this space.

9759

1. PLACE OF DEATH

92 County St Charles Registration District No. 757  
4 Township ..... Primary Registration District No. 3036  
8 City St Charles (No. 916, N. Benton Ave St. .... Ward) Registered No. 79

2. FULL NAME

Wilhelmina Catherine Poll  
(a) Residence, No. 916 N. Benton Ave St., ..... 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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ernest H Poll</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 7 - 1855</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>4</u>	DAYS <u>25</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>At Home</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 .....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
MOTHER	13. NAME <u>Henry C. Osick</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Catherine Bredenbeck</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
17. INFORMANT <u>William Poll</u> (ADDRESS) <u>916 N. Benton</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Duthman</u> DATE <u>March 5</u> 19 <u>32</u>				
19. UNDERTAKER <u>H. D. Allmyer &amp; Sons Co</u> (ADDRESS) <u>300 N. 2nd St. St Charles Mo</u>				
20. FILED <u>3/5</u> 19 <u>32</u> <u>Hy. S. Blocham</u> Registrar.				

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2<sup>nd</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1932, to March 2, 1932  
I last saw him alive on March 1, 1932. Death is said to have occurred on the date stated above, at 7:15 a. m.  
The principal cause of death and related causes of importance were as follows:  
Asaemia  
Date of onset 2/23/32

Other contributory causes of importance:  
93 C  
97 B  
40 B  
93 D  
Myocarditis  
Arteriosclerosis  
Hangrene of left foot  
Date of onset 2/23/32

Name of operation none Date of .....  
What test confirmed diagnosis? Clinical 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? no  
If so, specify .....  
(Signed) B. P. Wentker ..... M. D.  
(Address) St. Charles, Mo.

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.

APR 29 1932

MARGIN RESERVED FOR BINDING

V.S. NO. 2.

