

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

Do not use this space.

24560

1. PLACE OF DEATH

County..... Registration District No. **701**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **3233** = **W. 20th St.**)

File No. **5917**
Registered No. **5917**
St. Ward)

2. FULL NAME

(a) Residence, No. **3233 North 20th St. No** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **L. Gottlieb Wollbrinck**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 27, 1858**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 **2** **8**

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
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) **Germany**

MOTHER FATHER
13. NAME **John Pohlman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Mrs. Pohlman**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Anna Wollbrinck** (ADDRESS) **3233 = W. 20th St.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **New Bethlehem** DATE **July 8, 1933**

19. UNDERTAKER **Wm. Reidner M.D. Co.** (ADDRESS) **1417 N. Market St.**

20. FILED **9 1933** 19 **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 5th, 1933**

22. I HEREBY CERTIFY, that I attended deceased from **7-25**, 19**31**, to **7-5**, 19**33**
I last saw her alive on **7-5**, 19**33** Death is said to have occurred on the date stated above, at **1:15 P.M.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset **93^o**
Other contributory causes of importance: **93^o**

Name of operation Date of
What test confirmed diagnosis? **Physical** 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) **Edwin J. Jellies** M. D.
(Address) **3825 N. 20th**

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.

WHITE PAPER WITH UNFADING INK—THIS IS A PERMANENT RECORD

