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.

FEB 11 1936

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

Do not use this space.

3596

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Ex Route Dr. Hosp #1 St. ..... Ward)

File No. .....

Registered No. 837

2. FULL NAME Arthur Pohlmann

(a) Residence, No. 4460 Choiteau St., 18 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: 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) Nov. 7-1920

7. AGE: YEARS 15 MONTHS 2 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student 194

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 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME Walter Pohlmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER

15. MAIDEN NAME Helen Schroeder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Walter Pohlmann 4460 Choiteau

18. BURIAL, CREMATION, OR REMOVAL Cem.
New PLACE S. S. Peter & Paul DATE 1-24 1936

19. UNDERTAKER (ADDRESS) Oscar J. Hollmeister 4016 Chippewa St.

20. FILED JAN 23 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance, ..., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:39 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Traumatic Lacerations of Both Legs, Tears lower part of body, Fractures of Arms & Pelvis received when he fell from a box car while attempting to steal a ride on train in St. Louis, Mo. No auto involved.

Other contributory causes of importance:

Name of operation Accident Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury Jan 21, 1936

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Run over by train

Nature of injury Fractures of Arms & Pelvis

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John Bueeney M.D.

(Address) Deputy Coroner

1/22/36