

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

32304

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **4250 Euclid Avenue** Registered No. **8358**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

KATIE A. POHLMANN,
 (a) Residence, No. **4250 Euclid Avenue** St. **7**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Dr. Frederick L. Pohlmann**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 15, 1879**

7. AGE YEARS **57** MONTHS **9** DAYS **18** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**

9. Industry or business in which work was done, as 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) **St. Louis** (STATE OR COUNTRY) **Mo.**

13. NAME **George Joost**

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

15. MAIDEN NAME **Magdalena Hartenbach**

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

17. INFORMANT **Mrs. Ertha Pohlmann** (ADDRESS) **4250 Euclid Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **Sept. 6, 1937**

19. FUNERAL DIRECTOR **Math. Hermann & Son** (ADDRESS) **2161 East Fair Avenue**

20. FILE **SEP 5 1937** **J. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 2, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 1**, 19**37**, to **Sept 2**, 19**37**

I last saw him alive on **Sept 2**, 19**37** Death is said to have occurred on the date stated above, at **7:30 P. M.**

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

Right Buckellar Hemorrhage 9/2/37

Other contributory causes of importance:

Diabetes Mellitus
Nephritis Chronic
Hypertension 250-125

Name of operation **No** Date of **No**
 What test confirmed diagnosis **Physical x Urinalysis** here 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) **Geo. B. Koeper**, M. D.
 (Address) **3442 Selaldine Ave**

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.

STATEMENT BY LICENSED EMBALMER

I, Samuel Hampton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Samuel Hampton

Licensed Embalmer No. 2967

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)