REC'D JUL 11 1938

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

21795
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin — Registration District No. 297
(b) Township — Primary Registration District No. 3016 — Registered No. 54
(c) City Washington, Mo. (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 0 yrs. 6 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marline Monica Pohl
(a) Residence, No. 434 Stafford St., Washington, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

1400

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 29th, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Missouri

FATHER
13. NAME Aloys Pohl
14. BIRTHPLACE (CITY OR TOWN) Dutzow, Warren Co., (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Wilma Martin
16. BIRTHPLACE (CITY OR TOWN) Vienna, (STATE OR COUNTRY) Missouri

17. INFORMANT Aloys Pohl
(ADDRESS) 434 Stafford St., Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington, Mo. DATE June 6th, 1938

19. FUNERAL DIRECTOR Otto & Co.
(ADDRESS) Washington, Mo.

20. FILED June 11 1938 H. A. May
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/4 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/2, 1938 to 6/4, 1938
I last saw her alive on 6/4/38, 19..... Death is said to have occurred on the date stated above, at 12:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
Other contributory causes of importance:	
Otitis-media	

1976

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) [illegible], M. D.
(Address) 275 Washington, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X12004

36
39
22

STATEMENT BY LICENSED EMBALMER

I, Geo H. Otto, Licensed Embalmer No. 35

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 Geo H. Otto

Licensed Embalmer No. 35

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.)