

REC'D JUN 14 1939

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

19094  
Do not use this space.

1. PLACE OF DEATH  
(a) County Lincoln Registration District No. 491  
(b) Township Clark Primary Registration District No. 5656  
(c) City Proy RFD (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edwin Wm. Pollman  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ester Pollman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 - 1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59      0      0      0  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1939  
22. I HEREBY CERTIFY, That I attended deceased from May 16, 1939, to \_\_\_\_\_, 19\_\_\_\_  
I first saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12 noon.  
The principal cause of death and related causes of importance, were as follows:  
precipitate came to his death was accidental death by being caught between a tree & a tree stump by coroner's jury  
Other contributory causes of importance:  
10 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Proy  
13. NAME Lewis Pollman  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis  
15. MAIDEN NAME Catharine Schling  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis  
17. INFORMANT (ADDRESS) Wesley Pollman  
18. BURIAL, CREMATION, OR REMOVAL PLACE wright city DATE May 18 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kemper Bros  
20. FILED May 18, 1939 Mrs Pearl Mack Local Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of injury May 16, 1939  
Where did injury occur? Clark Township  
pub co. no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
at \_\_\_\_\_  
Manner of injury caught between tree & tree stump  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? Farmer  
If so, specify \_\_\_\_\_  
(Signed) Ed. Heunholtz M. D.  
(Address) Old Monroe, Mo.

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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_  
\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.)**

**If this body is not embalmed, above space should be left blank.**