

15-0111-1-2-1939  
Registration District No. 791  
1003

Primary Registration District No.

1. PLACE OF DEATH:

(a) County 4312 John Ave.  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Frances S. Pohlman  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife William C. Pohlman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 27, 1862  
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 19 If less than one day hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Henry Berger  
13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Schultz  
15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Stella Werner  
(b) Address 4312 John Ave.

17. (a) Burial (b) Date thereof 6/19/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director W. A. Stock Und. Co.  
(b) Address 2117 E. Grand Blvd.

19. (a) 1111-1-3-1939 (b) J. B. Brudick  
(Data received from) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County \_\_\_\_\_  
(c) City or town Missouri 19  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4312 John Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1939 hour 8 minute 04 P. M.

21. I hereby certify that I attended the deceased from June 10 -  
1939 to June 16, 1939;  
that I last saw him alive on June 16, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
not known  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions renal calculi  
(Include pregnancy within 3 months of death)  
Major findings: following conditions of  
Of operations fibria majora

Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)  
23. Signature Sam H. Shurell (M. D. or other) 148  
Address 705 Olive St. Date signed 6-17-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

705-  
130 P.M.

**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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Lincoln

**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.**