

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

24088  
Do not use this space.

6361

REC'D AUG 11 1939

PLACE OF DEATH  
AUG 1 1939

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003** Registered No. ....  
(c) City..... (d) Street No. **Seacross St.** 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Louise Christine 675**  
(a) Residence, No. **4975 Lindenwood** St. **14** (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 <b>Female</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <b>James Christine</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>7-21-1880</b>		
7. AGE	YEARS	MONTHS
<b>58</b>	<b>11</b>	<b>26</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <b>Homework</b>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Mo.</b>		
13. NAME <b>Hy Pohlmann</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>		
15. MAIDEN NAME <b>Caroline Rignstenberg</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Mo.</b>		
17. INFORMANT (ADDRESS) <b>Ella Bieser 4975 Lindenwood ave</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Peters Cem.</b> DATE <b>7-21-1939</b>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Robt. J. Ambuster 6633 Clayton rd.</b>		
20. FILED <b>JUL 19 1939</b>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-16-1939**

22. I HEREBY CERTIFY, That I attended deceased from **July 9, 1939, to July 16, 1939**  
I last saw **her** alive on **July 16, 1939**. Death is said to have occurred on the date stated above, at **3:30 p.m.**  
The principal cause of death and related causes of importance were as follows:  
**Chronic Myocarditis** (Date of onset **July 5-1939**)  
**auricular Fibrillation** (Date of onset **July 15-1939**)  
**Coronary thrombosis** (Date of onset **July 15-1939**)  
**occluding embolus bifurcation of abdominal aorta** (Date of onset **July 15-1939**)

Other contributory causes of importance: **930**

Name of operation..... Date of.....  
What test confirmed diagnosis..... Was there 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? **no**  
If so, specify.....  
(Signed) **Francis H. Wepel**, M. D.  
(Address) **3831 South Kingshighway**

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

*Edward J. Bockhorst*

Registered Apprentice No. ....

working under my personal supervision.

Signed *Edward J. Bockhorst*

Licensed Embalmer No. *2502*

P. O. Address *Clayton Mo*

**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.**