

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-36
1 X1951

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.

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2325

1. PLACE OF DEATH:

(a) County St. Louis 2

(b) City or town Richmond Heights

(c) Name of hospital or institution: 9050 Clayton Road
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 9050 Clayton Road
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary V. Pohrer 166

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 5. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Dr. W. J. Pohrer

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 20, 1864
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>75</u>	<u>9</u>	<u>8</u>	hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1939 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from Dec. 10, 1939
Dec. 10, 1934, to December 28, 1934;
that I last saw her alive on December 28, 1934;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Coronary Thrombosis</u>	<u>2 hrs</u>
Due to <u>Chronic Myocarditis</u>	
Due to <u>Arterio-Sclerosis</u>	
Other conditions <u>None</u>	
(Include pregnancy within 3 months of death)	
Major findings: Of operations _____	
Of autopsy _____	

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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 Peter J. Pauley 6

13. Birthplace Germany 6
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Hahn

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. P. Pohrer

(b) Address 9050 Clayton Road

17. (a) Burial (b) Date thereof 12-30-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 29 1939 (b) DR Meyer
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature Julius Chas. Ratter (M. D. or other) M.D.

Address 2605 Sprague St Date signed 12/29/39

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.