

Registration District No. **791** Primary Registration District No. **1003**

**FILED DEC 11 1940**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4111 California Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 2  
(Specify whether  
In this community 60 years  
years, months or days)

3. (a) PRINT FULL NAME Lena Pohl

3. (b) If veteran, name war. ---- 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased July 26, 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 3 7 hr. min.

9. Birthplace Augusta Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name Herman Brockmeier

13. Birthplace August Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Unknown

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

16. (a) Informant X Josephine Humphrey

(b) Address 4111 California

17. (a) Burial (b) Date thereof 11/6/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Wacker-Helderk

(b) Address 2331 S. Broadway

19. (a) NOV 4 1940 (b) J. S. Rudesch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis 15  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4111 California  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3  
year 1940 hour 10 minute 30 p. m.

21. I hereby certify that I attended the deceased from Oct. 28, 1940  
to Nov. 3, 1940  
that I last saw her alive on Nov. 3, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions Cardio-Nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
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)  
(e) Means of injury \_\_\_\_\_

23. Signature W. S. Laurin (M. D. or other) \_\_\_\_\_

Address 908 So. 7th St. Date signed 11/6/40

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

MOTHER FATHER

**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 J. Wyland*

Licensed Embalmer No. *2675*

P. O. Address *St. Louis, 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, fact should be so stated above.**