FILED OCT 21 1941

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

Do not use this space.

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1. PLACE OF DEATH

County St. Charles — Registration District No. 757 — File No.

Township 0 — Primary Registration District No. 3036 — Registered No. 175

City ST. CHARLES (No. ST. JOSEPH HOSPITAL St. Ward)

2. FULL NAME Alfred Joseph Pohlman

(a) Residence, No. Rhineland, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. 10 mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Adela J. Pohlman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
51	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) Sept. 5 1941
11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhineland, Mo. 0

FATHER

13. NAME John ~~Rhineland~~ Pohlman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peers, Mo. 0

MOTHER

15. MAIDEN NAME Emma Scholten
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhineland, Mo. 0

17. INFORMANT (ADDRESS) Mrs Alfred J. Pohlman Rhineland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. JOSEPH CEN RHINELAND, MO DATE SEPT. 15 1941

19. UNDERTAKER (ADDRESS) BARTON BAKER AMERICUS, MO

20. FILED 9-12-41, 19 Clarence G. Hassen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1941, to Sept 12, 1941
I last saw him alive on Sept 12, 1941. Death is said to have occurred on the date stated above, at 4:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia - Edema Brain	Sept 5-41

83d

Other contributory causes of importance:
Hypertension Essential

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) Vincent A. Schneider 0, M. D.
(Address) St Charles Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.