V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26128

FILED SEP 1 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7010

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

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:
Deaconess Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 46 Months. (Specify whether
In this community 43 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17

(c) City or town St. Louis. 94
(If outside city or town limits, write "RURAL")

(d) Street No. 6140 Oakland Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Pohlmann

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June 26 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	1	23	hr. min.

9. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse.

11. Industry or business

FATHER
12. Name ?? Pohlmann.
13. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Zwillig.
(b) Address 6160 Oakland Ave.

17. (a) Burial (b) Date thereof 8-21-42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) AUG 21 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19th
year 1942 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 2, 1941, 1941, to Aug 19, 1942,
that I last saw her alive on August 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of recto-sigmoid colon — Duration about 10 months

Due to

Due to 46

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations on Nov. 4, 1941, an inoperable fixed irregular tumor of recto-sigmoid
Of autopsy was found

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Robert E. Schlueter (M. D. or other)

Address 508 N. Grand Blvd Date signed Aug 20, 1942

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 3223 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.