

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** State File No. **39646** Registrar's No. **10740**

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: CHRISTIAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County St. Louis
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3926 N. 21st ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EVELYN MARIE POHL
(b) If veteran, name war NO 3. (c) Social Security No. NIL

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DECEMBER day 9TH
year 1945 hour 4 minute 9 M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEBRUARY 9 1931
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1st 1945 to Dec 9th 1945
that I last saw her alive on December 9th 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 14 Months 10 Days 0 If less than one day hr. _____ min. _____

Immediate cause of death: Virus Pneumonia
Due to Virus Duration 10 days

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)
10. Usual occupation SCHOOL GIRL

Due to 109.1
Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____
12. Name HARRY POHL
13. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)
14. Maiden name RUBY JENNINGS
15. Birthplace BATON ROUGE LA
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy Same findings as above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant RUBY POHL
(b) Address 3926 N. 21st ST.
17. (a) BURIAL (b) Date thereof 12-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FRIEDENS CEM.

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? _____

18. (a) Signature of funeral director Friedman's Bond
(b) Address 3934 N. 20th ST.
19. (a) DEC 10 1945 (b) J. J. Bredeck
(Date Year and local time) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Ray C. Eblan (M. D. or other) MD
Address 4356 Narne av Date signed 12/10/45

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..... *Therese M. Jones*.....
Licensed Embalmer No. *4224*.....
P. O. Address..... *3423 Clara*.....

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.