

S. No. 2
M-5-43
7-5-17-39
I X36671

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 787
Registrar's No. 448

FILED JAN 25 1946

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(d) Length of stay: 2 days
In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(d) Street No. 3926 N. 21 ST.
(e) Citizen of foreign country? NO.

3. (a) PRINT FULL NAME HENRY POHL
(b) If veteran, name war NO
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 14th year 1946 hour 7:05 minute A M.
21. I hereby certify that I attended the deceased from 1/12/46 that I last saw him alive on 1/14/46 and that death occurred on the date and hour stated above.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ELIZABETH POHL
6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased AUG. 13, 1957

Immediate cause of death
Due to cardiac decompensation
Due to Anterior sclerotic Heart Disease
Other conditions (Include pregnancy within 3 months of death) 92

8. AGE: Years 88 Months 5 Days 1

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

9. Birthplace ST. LOUIS MO.
10. Usual occupation RETIRED

11. Industry or business
12. Name HENRY C. POHL
13. Birthplace UNK GERMANY
14. Maiden name MELBA HUBBARD
15. Birthplace ALSACE LORRAINE

16. (a) Informant HARRY N. POHL
(b) Address 3926 N. 21 ST.
17. (a) ENTOMBMENT (b) Date thereof 1/17/46
(c) Place: burial or cremation VALHALLA MAUSOLBUM

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director
(b) Address 3934 N. 20 ST.
19. (a) JAN 15 1946 (Date received local registrar)
(b) J. F. Budek (Registrar's signature)

While at work? (Specify type of place)
(2) Means of injury
23. Signature K. D. Grayson (M, D, or other)
Address 1515 Lafayette Date signed 1/14/46

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

2978

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 G. A. Smitters

Licensed Embalmer No. 3916

P. O. Address. 2626 Union Bl

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.