S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

788

State File No.

FILED JAN 25 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 417

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Sedgwick 999

(c) City or town Wichita 14
(If outside city or town limits, write "RURAL")

(d) Street No. 2345 Guthrie Ave. NR
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME AUGUSTUS POHLMAN

3. (b) If veteran, name war Nil

3. (c) Social Security No. 511-05-5402

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ethel Pohlman

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased April (Month) 21 (Day) 1894 (Year)

8. AGE: ~~61~~ 51 Years, 8 Months, 21 Days; If less than one day hr. min.

9. Birthplace Cornwall on the Hudson, N.Y. (City, town, or county) (State or foreign country)

10. Usual occupation Maintanence Supt.

11. Industry or business Kansas Milling Co.

FATHER
12. Name Augustus Pohlman
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 4

MOTHER
14. Maiden name Phoebe Ann Stewart
15. Birthplace Unknown (City, town, or county) New York (State or foreign country) 1

16. (a) Informant Ethel Pohlman
(b) Address Wichita, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation Wichita, Kansas

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 1-14-46 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12 year 1946 hour 7 minute 55 A. M.

21. I hereby certify that I attended the deceased from Jan. 4, 1946, to Jan. 12, 1946, that I last saw him alive on Jan. 12, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Left Lung, primary site unknown - mediastinum or lung - microscopic exam. not complete

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

Duration

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

23. Signature F R Bradley (M. D. or [redacted])

Address BARNES HOSPITAL Date signed 1/ /46

(Licensed Embalmer's Statement on Reverse Side)

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

2979

417

417

SEP 9 1946

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 Ogonoski

Licensed Embalmer No. 3398

P. O. Address.....

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.