

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

State File No. _____

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2481

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis (12) 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1423a Montclair Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence R. Pohlig.
(b) If veteran, name war None
(c) Social Security No. 488-07-3448

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 11th.
year 1946 hour 10 minute A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Pohlig. 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April 30, 1891.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 27, 1946 to Mar. 13, 1946
that I last saw him alive on Mar. 13, 1946
and that death occurred on the date and hour stated above.

8. AGE: 54 Years Months 10 Days 13
If less than one day _____ hr. _____ min.

Immediate cause of death: Hemorrhage from gastric ulcer Duration 15 days

9. Birthplace Labadie, Missouri
(City, town, or county) (State or foreign country)

Due to hypertension 3 yr.

10. Usual occupation Finish Foreman Painter

Due to _____

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy Hemorrhage from gastric ulcer.

12. Name Edward Pohlig.
13. Birthplace St. Albins, Missouri
(City, town, or county) (State or foreign country)

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? _____

14. Maiden name Pauline Reed.
15. Birthplace Labadie, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Pohlig.
(b) Address 1423a Montclair Avenue.

17. (a) Burial (b) Date thereof 3-16-1946.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) MAR 14 1946 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature S. Stuber, M.D. (M. D. or other)
Address 336 University Ave. St. Louis Date signed 3/14/46

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

Dr Sol Weber.
University Club Building.
Grand 6080
Hours 2 to 5 P.M.

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 *Clement McNeary*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.