S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26387

Registration District No. 317 Primary Registration District No. 6076 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town House Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R. #1 Housesprings Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town House Springs
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #1 House Springs Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward H. Pollvogt
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Rose Pollvogt
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased June (Month) 20 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
41	6	8	hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Line Type Operator
11. Industry or business Watchman Advocate. Clayton Mo
FATHER
12. Name Edward Pollvogt
13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Dieckmeyer
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mary Rose Pollvogt
(b) Address R.R. #1 House Springs Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd
19. (a) 8-1-47 (Date received local registrar) (b) Cecil Sharp M.D. By MBW (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1947 hour 10. minute 45 A. M.
21. I hereby certify that I attended the deceased from Feb. 26th 1947 to June 28th 1947
that I last saw him alive on June 28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pavereas with Metastasis

Duration about 2 yrs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Inoperable carcinoma of pavereas
Of autopsy

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 [signature] (M. D. or other) MD
Address 3606 Grand Av Date signed 6/30/47

(Licensed Embalmer's Statement on Reverse Side)

3606 Gravois
St. 2959
2-4 Pm

JUL 25 1947

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 A. Mlenai

Licensed Embalmer No. 4186

P. O. Address 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.

. S. No. 2B
25M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 16398

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town House Springs R R 1 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town House Springs (If outside city or town limits, write "RURAL")

(d) Street No. R R 1 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edward H Pollvogt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 20 1906 (Month) (Day) (Year)

8. AGE: Years 41 Months 0 Days 8 If less than one day hr. min.

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

10. Usual occupation Linotype operator

11. Industry or business Watchman Adorate Clayton Mo.

FATHER
12. Name Edward Pollvogt
13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Katherine Dyckmeyer
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mary Rose Pollvogt

(b) Address R R 1 House Springs Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 7-1-47 (Month) (Day) (Year)

(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director Calvin F. Tout

(b) Address 4828 Nat. Bridge Blvd

19. (a) 8-1-47 (Date received local registrar) (b) Carla Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 28 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas with

Due to Metastasis

Due to 46g

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration aft 2 yr

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 Wm Weinsberg (M. D. or other)

Address 3606 Grannon Date signed 6/3/47

S-26387