S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1947

Registration District No. 162

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5595

28158

State File No.

Registrar's No. 22

1. PLACE OF DEATH:

(a) County: Jefferson

(b) City or town: Rock Township Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Highway 21 & Rock Creek Road.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: Several Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jefferson 50

(c) City or town: Rural Rock Township 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.: Highway 21 & Rock Creek Road. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: George Henry Pohlmeyer

3. (b) If veteran, name war: Spanish-American

3. (c) Social Security No.: No

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Amelia Wilhelmine Pohlmeyer

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

7. Birth date of deceased: May (Month) 9 (Day) 1880 (Year)

8. AGE: Years 67 | Months 3 | Days 6 | If less than one day: hr. min.

9. Birthplace: St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Retired

11. Industry or business:

FATHER
12. Name: Joseph Pohlmeyer
13. Birthplace: (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Wilhelmina Tacke
15. Birthplace: St. Louis (City, town, or county) Missouri. 0 (State or foreign country)

16. (a) Informant: Amelia W. Pohlmeyer
(b) Address: Highway 21 & Rock Creek Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 19-47 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cem. Jeff. Bks. Mo.

18. (a) Signature of funeral director: C. Hoffmeister U. & L. Co.
(b) Address: 7816 S. Broadway St. Louis, Mo.

19. (a) Aug 18th 47 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15th year 1947 hour 2 30 minutes 0 M.

21. I hereby certify that I attended the deceased from never saw him 19 to alive 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis. Natural Causes	
Due to:	
Due to: No Jury	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0 3 K	
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: G. B. Edwards (M. D. or other) Coroner
Address: Cedar Hill Mo Date signed 8/15/47

(Licensed Embalmer's Statement on Reverse Side)

Mr. Phil Kirk

Registrar at
Arnold, Missouri
Right side going down

RECEIVED
Sep 3 1969
District Health Officer No. 9,

District File Number

Date Filed 8-27-42

OCT 1 1969

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.