

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43272**
04656

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		c. LENGTH OF STAY (in this place) YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay			
d. FULL NAME OF HOSPITAL OR INSTITUTION 9738 a S Broadway				d. STREET ADDRESS (If rural, give location) 9738 a S Broadway			
3. NAME OF DECEASED (Type or Print) a. (First) Ida			b. (Middle) M		c. (Last) Lau		4. DATE OF DEATH (Month) (Day) (Year) Dec. 10 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 19 1873		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR / Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Union Mo. D		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Casper H. Pohlman			13b. MOTHER'S MAIDEN NAME Elizabeth Boettcher		14. NAME OF HUSBAND OR WIFE Leopold		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, and specify) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Irvin Lau 9738 A S. Broadway			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral terminal pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) Unknown cause II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Age					INTERVAL BETWEEN ONSET AND DEATH 3 days 5 days 331X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-20, 1949 , to 12-10, 1949 , that I last saw the deceased alive on 12-9, 1949 , and that death occurred at 8 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Bernard Ploch, M.D.				23b. ADDRESS 3831 So Grand, St. Louis 18 Mo.		23c. DATE SIGNED 12-12-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-13-49	24c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran		24d. LOCATION (City, town, of county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. 12-12-49		REGISTRAR'S SIGNATURE Berbert R. Wombe, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. P. Fendler Jr. 7128 Michigan			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

.....
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *Clarence Rochow*

Licensed Embalmer No. *3093*

P. O. Address *7128 Michigan*

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.