

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6618

State File No. 1800

318

1003

Registrar's No.

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION The St. Louis Altenheim		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. STREET ADDRESS (If rural, give location) 15-5408 S. Broadway		2159 0	
3. NAME OF DECEASED (Type or Print) a. (First) Frieda b. (Middle) Charlott c. (Last) Polster		4. DATE OF DEATH (Month) (Day) (Year) Feb. 23 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <input checked="" type="checkbox"/> Widowed	8. DATE OF BIRTH Mch. 7 1878
9. AGE (in years last birthday) 71	IF UNDER 1 YEAR Months 11 Days 16	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? 4	
13a. FATHER'S NAME Gottlieb Gebhardt		13b. MOTHER'S MAIDEN NAME Johanna Knoblauch	
14. NAME OF HUSBAND OR WIFE Oscar			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME John W. Hoerr		ADDRESS 5408 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) <u>Chronic Sympathetic Leukemia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Anemia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo. 204th</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>May 1</u> , 19 <u>48</u> , to <u>Feb 23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 23</u> , 19 <u>50</u> and that death occurred at <u>8:30 A.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>May Schaff</u>		23b. ADDRESS <u>572 Dow Place</u>	
23c. DATE SIGNED <u>2/23/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-25-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 24 1950</u>		REGISTERER'S SIGNATURE <u>J. A. Pasater</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. P. Fendler Jr.</u>		ADDRESS <u>7128 Michigan</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clarence Rochow

Licensed Embalmer No. 3093

P. O. Address 7178 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.