

FILED JUN 2 1950

STANDARD CERTIFICATE OF DEATH

18909

State File No. ....

BIRTH NO. .... REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3064** Registrar's No. **4294**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ferguson</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Ferguson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>105 Lewis Street</b>		d. STREET ADDRESS (If rural, give location) <b>105 Lewis Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>Grace</b> c. (Last) <b>Pöhlman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 19, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 1, 1868</b>		9. AGE (In years last birthday) Months Days <b>81 8 18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own</b>		11. BIRTHPLACE (State or foreign country) <b>Webb City, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>John B. Pöhlman</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy E. Titus</b>		14. NAME OF HUSBAND OR WIFE <b>George W. Pöhlman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Pöhlman Ferguson, Mo.</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Oedema</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis - Diabetes</b>			?
		DUE TO (c) <b>Senility</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>260X</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>260X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3/10**, 19**48**, to **5/19**, 19**50**, that I last saw the deceased alive on **5/18**, 19**50**, and that death occurred at **11:45 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. P. Hughes M.D.</b> (Degree or title)		23b. ADDRESS <b>Ferguson Mo</b>		23c. DATE SIGNED <b>5/20/50</b>	
--	--	------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/22/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fee Fee Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
---	--	-----------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <b>5-21-50</b>		REGISTRAR'S SIGNATURE <b>Herbert P. Dombke, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>White Funeral Home Ferguson, Mo.</b>	
--	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

4001

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.....

Signed.....

*L. M. Skelton*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3973*

P. O. Address *Merquand Ave*

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.