

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 25170
6324

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129					
d. FULL NAME OF HOSPITAL OR INSTITUTION 5323 Pershing Avenue.				d. STREET ADDRESS (If rural, give location) 5323 Pershing Ave.					
3. NAME OF DECEASED (Type or Print): James Henry Pohl			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH July 23, 1950				5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 26, 1887		9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Months 9 Days 27			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocers		11. BIRTHPLACE (State or foreign country) Greenville, Miss.		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Theodore Pohl			13b. MOTHER'S MAIDEN NAME Maria ?			14. NAME OF HUSBAND OR WIFE Hazel Beurer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 500-18-9312		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hazel B. Pohl, 5323 Pershing Avenue.					
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Sudden Sudden Sudden	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X					
22. I hereby certify that I attended the deceased from April 15, 1950, to July 23, 1950, that I last saw the deceased alive on July 23, 1950, and that death occurred at 1:30 P. M., from the causes and on the date stated above.									
23a. SIGNATURE W. J. Brown (Degree or title) _____				23b. ADDRESS 3903 Olive		23c. DATE SIGNED 7/23/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 7/25/50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Chapel		24d. LOCATION (City, town, or county) (State) Wellston, Mo.			
DATE REC'D BY LOCAL REG. JUL 24 1950		REGISTRAR'S SIGNATURE J. B. Beurer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.					

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address.....

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.