

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22498  
Registrar's No. 5150

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>	
c. LENGTH OF STAY (In this place) <i>42 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>20 4001<sup>n</sup> N. 22 ST.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4001<sup>n</sup> N. 22 ST.</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>OTTO</i> b. (Middle) <i>W.</i> c. (Last) <i>POLLIHAN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>6-3-1952</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>JULY 27, 1908</i>	9. AGE (In years last birthday) <i>43</i>	IF UNDER 1 YEAR: Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>FIRE FIGHTER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>✓</i>		11. BIRTHPLACE (State or foreign country) <i>ST. LOUIS</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>OTTO F. POLLIHAN</i>		13b. MOTHER'S MAIDEN NAME <i>BESSIE NEUMANN</i>		14. NAME OF HUSBAND OR WIFE <i>MARY POLLIHAN</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>488-09-7468</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Mary Pollihan 4001<sup>n</sup> N. 22 St</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Coronary Occlusion</i> DUE TO (c) <i>Coronary Sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH	
11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>4201</i>	

22. I hereby certify that I attended the deceased from *19*, to *19*, that I last saw the deceased alive on *526 P*, 19*52*, and that death occurred at *526 P* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Patrick C. Gayler</i>		(Degree or title) <i>Cruiser</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>6.5.52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>June 6, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEM</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS, Mo</i>	

DATE REC'D BY LOCAL REG. <i>JUN 5 1952</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wiedmayer &amp; Son 2924 E. 10 St</i>	
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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 \_\_\_\_\_

*Gustav W. Dietrich*

Licensed Embalmer No. *4379*

P. O. Address *Howie, Mo.*

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.