

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10-48

State File No. \_\_\_\_\_

*Ryan*  
FILED FEB 6 1953

REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>	
c. LENGTH OF STAY (In this place) <u>7 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>219 E. Fourth St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>219 E. Fourth St</u>		e. STREET ADDRESS (If rural, give location) <u>219 E. Fourth St</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DENA</u>	b. (Middle) <u>CHRISTINA</u>	c. (Last) <u>POLLMANN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 7-1882</u>	9. AGE (In years last birthday) <u>70</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Berger Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Wm Brautigam</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Rohlfing</u>	14. NAME OF HUSBAND OR WIFE <u>Richard Pollmann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Pollmann, Hermann, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <u>4200</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asthma cardiac</u>		1 year	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1947 to Jan. 10, 1953, that I last saw the deceased alive on Jan. 5, 1953, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John B. Ryan M.D.</u>	23b. ADDRESS <u>Hermann, Mo.</u>	23c. DATE SIGNED <u>1-12-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Berger, RFD; Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 15, 1953</u>	REGISTRAR'S SIGNATURE <u>Harvey Wallace</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hugot, Deumer Hermann, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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

*August Deumer*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.