No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35539

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 187

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

0

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WASHINGTON
c. LENGTH OF STAY (in this place) 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. FRANCIS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO.
b. COUNTY GASCONADE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HERMANN 0371 1
d. STREET ADDRESS (If rural, give location) 219 E. 4th St.

3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) HENRY c. (Last) POLLMANN

4. DATE OF DEATH (Month) 10 (Day) 27 (Year) '53

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0
8. DATE OF BIRTH AUG 16, 1910
9. AGE (In years last birthday) 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER
10b. KIND OF BUSINESS OR INDUSTRY HOUSEPAINTING
11. BIRTHPLACE (State or foreign country) BERGER, MO 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME RICHARD POLLMANN
13b. MOTHER'S MAIDEN NAME DENA BRAUTIGAM
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN POLLMANN, HERMANN, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Toxic Myocarditis	4-5 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Ileostomy	2½ WKs
DUE TO (c)	Ulcerative Colitis	5 Years.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION 10-8-53
19b. MAJOR FINDINGS OF OPERATION Simple ileostomy made & closed up 5722
20. AUTOPSY? YES ☐ NO ☒

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)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1948, to Oct. 27, 1953, that I last saw the deceased alive on Oct. 26, 1953, and that death occurred at 6:30 A m., from the causes and on the date stated above.*

22a. SIGNATURE (Degree or title) John B. Ryan 0 MD.
23b. ADDRESS Hermann Mo
23c. DATE SIGNED 10-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 10/31/53
24c. NAME OF CEMETERY OR CREMATORY BETHNY CEMETERY
24d. LOCATION (City, town, or county) BERGER (State) MO

DATE REC'D BY LOCAL REG. 10/31/53
REGISTRAR'S SIGNATURE F. L. Hudmann by L. L. Hudmann 99-0
25. FUNERAL DIRECTOR'S SIGNATURE Hugo H. Blumer ADDRESS HERMANN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Sugar St Bauer

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.