

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45499**
Registrar's No. **12339**

FILED JAN 20 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton, 4820	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital,		d. STREET ADDRESS (If rural, give location) R. R. # 14 Box 1085	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) A. c. (Last) Pohlig,			4. DATE OF DEATH (Month) (Day) (Year) December 28, 1953		
5. SEX Male,		6. COLOR OR RACE White,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanical Engineer		10b. KIND OF BUSINESS OR INDUSTRY H.F. Wilson Co.,		8. DATE OF BIRTH September 16, 1911	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	

13a. FATHER'S NAME August Pohlig		13b. MOTHER'S MAIDEN NAME Viola Shannahan		14. NAME OF HUSBAND OR WIFE Kathryn C. Pohlig,	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kathryn C. Pohlig, R.R.#14 Box 1085	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute Lymphocytic Leukemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 month	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) no		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 2040	

22. I hereby certify that I attended the deceased from **12-5, 1953**, to **12-28, 1953**, that I last saw the deceased alive on **12-28, 1953**, and that death occurred at **7:45P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. K. Johnson MD		23b. ADDRESS 9505 Grannis		23c. DATE SIGNED 12-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/31/53		24c. NAME OF CEMETERY OR CREMATORY St. Matthew Cemetery,	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri,					

DATE REC'D BY LOCAL REG. DEC 30 1953		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.	
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(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 me

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed Loron E. Sercy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.