

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24222

FILED AUG 2 - 1955

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State File No. 5628  
Registrar No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 5628		Registrar No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.									
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 St. Louis									
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Theater Bldg.				d. STREET ADDRESS (If rural, give location) 12 5117 Washington Blvd. 2129 0									
3. NAME OF DECEASED (Type or Print) a. (First) J.			b. (Middle) Harry			c. (Last) Pohlman			4. DATE OF DEATH (Month) (Day) (Year) June 28, 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 23, 1891		9. AGE (In years last birthday) 64		10. UNDER 1 YEAR (Months) (Days) 4 5		11. UNDER 1 MRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney				10b. KIND OF BUSINESS OR INDUSTRY 818 Olive St.				11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. F. Pohlman				13b. MOTHER'S MAIDEN NAME Anna Tuohy				14. NAME OF HUSBAND OR WIFE Florence Pohlman					
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. None				17. INFORMANT'S SIGNATURE OR NAME Florence Pohlman				ADDRESS 5117 Washington	
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) Acute Coronary Occlusion										INTERVAL BETWEEN ONSET AND DEATH 5 weeks			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart dis										1 year			
DUE TO (c) None													
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None													
19a. DATE OF OPERATION None				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? 4200							
22. I hereby certify that I attended the deceased from 8-21, 1954, to 6-28, 1955, that I last saw the deceased alive on 6-28, 1955, and that death occurred at 2:30 p. m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) J. Hammond M.D.						23b. ADDRESS 634 N. Grand			23c. DATE SIGNED 6/28/55				
24a. BURIAL/CREMATION, REMOVAL (Specify) Removal		24b. DATE July 1, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cem.			24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.						
DATE REC'D BY LOCAL REG. JUN 29 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec St.							

S. J. (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 \_\_\_\_\_

*Jack Haupt*  
Licensed Embalmer No. 4746

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.