

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011200
State File No.

FILED APR 15 1958

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. CHARLES</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ST. CHARLES</u>)		c. LENGTH OF STAY (in this place) township) <u>25 YRS</u>		c. CITY OR TOWN <u>ST. CHARLES</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>1112 N. 4TH STREET</u>			
3. NAME OF DECEASED a. (First) <u>THEODORE</u>			b. (Middle) <u>POHLMANN SR.</u>		c. (Last) <u>POHLMANN SR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 6 1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>MAY 17, 1875</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u>	IF UNDER 1 MRS. Hours <u>1</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ON OWN FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CALHOUN COUNTY ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ABEL POHLMANN</u>			13b. MOTHER'S MAIDEN NAME <u>KATHERINE ENGELMANN</u>		14. NAME OF HUSBAND OR WIFE <u>ANNAGISELMAN POHLMANN</u>		
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>NOT</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>THEODORE POHLMANN JR. ST. CHARLES MO</u>			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bleeding Duodenal Ulcer</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of rt femur</u> DUE TO (c) <u>Prostatic hypertrophy yrs 1 yr.</u>						<u>7 hrs</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9030</u>						
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>20</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Charles St. Charles Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 27 5 P.M. 1958</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slipped & fell</u>			
22. I hereby certify that I attended the deceased from <u>2/27</u> , 19 <u>58</u> , to <u>4/6</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4/6</u> , 19 <u>58</u> , and that death occurred at <u>2:10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <u>B. L. Prinster, M.D.</u>				23b. ADDRESS <u>206 Washington Charles Mo</u>		23c. DATE SIGNED <u>4/7/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 8, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS CATH. CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. CHARLES, MO</u>		
DATE REC'D BY LOCAL REG. <u>APR 7-58</u>		REGISTRAR'S SIGNATURE <u>Mercees Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B. L. Prinster, St. Charles Mo.</u>			

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.....
Signature of Student Embalmer

Signed *Stanley H. Dixon*.....

Licensed Embalmer No. *419*.....

P. O. Address *St. L.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.