

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027340

STATE FILE NUMBER

FILED AUG 6 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7280

5. 300
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>City of St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Leslie</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HAMILTON MED. CONV. ASST.</u>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>31</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Marvin</u> Middle <u>Edwin</u> Last <u>Pohlmann</u>				4. DATE OF DEATH Month <u>7</u> Day <u>23</u> Year <u>58</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 26, 1935</u>		
9. AGE (In years last birthday) <u>23</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>College Student</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Leslie, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wesley Pohlmann</u>			13b. MOTHER'S MAIDEN NAME <u>Nora Schaebaum</u>			14. NAME OF HUSBAND OR WIFE <u>-</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>495-34-0719</u>		17. INFORMANT <u>Nora Pohlmann Leslie, Missouri</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC & PULMONARY ARREST (CENTRAL EFFECT 3 MONTHS)</u> DUE TO (b) <u>CYST OF THIRD VENTRICLE</u> <u>18 MONTHS</u> DUE TO (c) <u>BRAIN TUMOR</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>SECONDARY PITUITARY INSUFFICIENCY</u>								
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <u>9:30 A</u> Month, Day, Year								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>3-27-58</u> to <u>7-18-58</u> and last saw her alive on <u>7-18-58</u> Death occurred at <u>9:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Louis L. Surenko</u> (Typed or title)			22b. ADDRESS <u>Dealoge Hospital</u>			22c. DATE SIGNED <u>7-24-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>7-26-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St Paul</u>		23d. LOCATION (City, town, or county) (State) <u>Gerald MO</u>		
24. FUNERAL DIRECTOR <u>G Meyer Gerald MO</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>JUL 24 1958</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>			

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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 E. Meyer*
Licensed Embalmer No. 394
P. O. Address

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.