

AMENDED **F** Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3883** STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

FILED APR 27 1961

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **7 Yrs.**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **3737 Hebert St.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **3737 Hebert St.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Millie** Middle **M.** Last **Pollvogt** 4. DATE OF DEATH Month **4** Day **21** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **3/7/86** 9. AGE (last birthday) **75** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Linen Room (Ret.)** 10b. KIND OF BUSINESS OR INDUSTRY **-** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Gottlieb Goessling** 13b. MOTHER'S MAIDEN NAME **Mena Hanning** 14. NAME OF HUSBAND OR WIFE **Erwin G. Pollvogt**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT Address **Erwin Pollvogt, 3737 Hebert St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Coronary Embolus**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Rheumatic Fever in 1927**  
DUE TO (c) **420.1**  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown  
INTERVAL BETWEEN ONSET AND DEATH **10 minutes**

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 **June 20th 1960** to **April 21st** and last saw her <sup>him</sup> alive on **April 19th**. Death occurred at **7:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Erwin G. Pollvogt M.D.** (Degree title) 22b. ADDRESS **3635 A No. Newstead** 22c. DATE SIGNED **4/22/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **4/25/61** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

24. FUNERAL DIRECTOR **Drehmann-Harral, 1905 Union Blvd.** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **APR 24 1961** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

Dr. E. J. Froehlich  
3635 N. Newstead  
Hrs. 1-3 Sat.

**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 Warren A. Carver

Licensed Embalmer No. 3534

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.