

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

626-62-025065
STATE FILE NUMBER

318 Primary Registration District No. 1003 Registrar's No.

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

FILED JUL 2 1962

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **3520 Chippewa St.** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Sister M. Pancratia Pollmeier **6 23 62**

5. SEX **female** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3-16-1870** 9. AGE (last birthday) **92** IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Religious** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **Struckembrock, Germany** 12. CITIZEN OF WHAT COUNTRY **United State**

13a. FATHER'S NAME **Gerhard Pollmeier** 13b. MOTHER'S MAIDEN NAME **Theresia Grabbe** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT **Sister M. Carola O. S. F.** Address **3520 Chippewa**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Arteriosclerotic Heart Disease** INTERVAL BETWEEN ONSET AND DEATH **unk**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Generalized Arteriosclerosis** **unk**
DUE TO (c) **420.0**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Rheumatoid arthritis**

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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 **Jan 3 1959** to **June 23 62** and last saw her alive on **June 22 1962**
Death occurred at **8 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Robert Swanner M.D.** 22b. ADDRESS **1415 Paul Brown Bldg SE LMO** 22c. DATE SIGNED **June 23 62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6/25/62** 23c. NAME OF CEMETERY OR CREMATORY **SS. Peter and Paul Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

24. FUNERAL DIRECTOR **Geoken-Benz Mortuary** ADDRESS **2842 Meramec St. St. Louis 18, Missouri** 25. DATE RECD. BY LOCAL REG. **June 23, 1962** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

VS 300 Rev. 4/59

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DATE AMENDED
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MEDICAL CERTIFICATION
SHOULD READ
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USE BLACK INK OR TYPEWRITER RIBBON

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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 Me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Penz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis 18th Missouri

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.