

NOV 16 1940  
District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5841 Itaska St. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME LENA POHLMANN

3. (b) If veteran, name war NIL 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fred Pohlmann 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 9, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 9 1 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Michael Schwartz

18. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pohlmann

(b) Address 5841 Itaska St.

17. (a) Burial (b) Date thereof Oct. 14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Park

18. (a) Signature of funeral director Wm. C. Moydell

(b) Address 1926 Allen Ave.

19. (a) OCT 13 1940 (b) [Signature]  
(Date received for registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 14  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5841 Itaska St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10  
year 1940 hour 5 am M.

21. I hereby certify that I attended the deceased from 2-6-39  
\_\_\_\_\_, 19\_\_\_\_, to 10-10-40, 19\_\_\_\_;  
that I last saw her alive on 10-10-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Hypertension & atherosclerosis 3-4 yrs duration  
Due to Chronic atherosclerosis  
& Myocardial infarction (19 yrs)  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature D. E. Pfluger M.D.  
Address 4523 S. Kingshighway Signed 10/11/40

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Benj. C. Dunbar*

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

**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 this body is not embalmed, above space should be left blank.**