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4-41  
17-35  
X28390

JAN 24 1942

1003

Registration District No. 791

Primary Registration District No.

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:  
4650 ROSA AV.  
(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 JAMES L. POHLMAN.  
3. (b) If veteran, name war NO  
3. (c) Social Security No. 494-10-1730

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife LOUISE POHLMAN  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased JULY 31 1881  
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 28  
If less than one day hr. min.

9. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation STEAM FITTER

11. Industry or business T. I. PLANT

12. Name V.N.K. POHLMAN

13. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant JAMES L. POHLMAN

(b) Address 4650 ROSA AV.

17. (a) BURIAL (b) Date thereof DEC 31 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW SS. PETER & PAULS. CEM.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Av.  
19. (a) DEC 29 1941 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County V. COO  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4650 ROSA AV.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
No Attending Physician  
Yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28  
year 1941 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis  
Arteriosclerosis

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months preceding death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
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)  
Means of injury 3

23. Signature [Signature] (M. D. or other).....  
Address [Address] Date signed 12/29/41

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

MOTHER FATHER

AX

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

*Jose B. Vollmer*

Registered Apprentice No.

working under my personal supervision.

Signed

*Jose B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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, fact should be so stated above.