

Registration District No. **318** 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:
5343 Sunshine Drive
(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 Grace M. Pollnow

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles F. Pollnow

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Nov. 10, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53 10 28 hr. min.

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

10. Usual occupation housewife

MOTHER FATHER

11. Industry or business _____

12. Name William Huebner

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

14. Maiden name Sarah Archie

15. Birthplace Not known Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Pollnow

(b) Address 5343 Sunshine Drive

17. (a) removal (b) Date thereof 10/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amberg, Wisconsin

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) OCT 10 1946 (b) J. F. Breack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5343 Sunshine Drive
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 8
year 46 hour _____ minute 10 AM

21. I hereby certify that I attended the deceased from 7-10-46
19 _____ to 10-8 19 46

that I last saw him alive on 10-8- 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver
Cirrhosis

Due to _____

Due to JH

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 L. F. Murray (M. D. or other) _____

Address 900 - Russell Date signed 10-12-46

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 Frank J. Dorn

Licensed Embalmer No. 2245

P. O. Address St. Louis, Mo.

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.