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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 17 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2983

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 125

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4401a Virginia 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 15 17

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

(d) Street No. 4401a Virginia Av. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lydia Neddy Pohlman

3. (b) If veteran, name war

3. (c) Social Security No. 497-03-4874

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife August

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

7. Birth date of deceased November (Month) 10 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	1	23	hr. min.

9. Birthplace St Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John M. Steis
13. Birthplace Czechoslovakia (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Johanna Novotny
15. Birthplace St Louis (City, town, or county) 0 (State or foreign country)

16. (a) Informant William J. Steis
(b) Address 4404 Louisiana Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter&Paul Cem

18. (a) Signature of funeral director Wm L Mozaill
(b) Address 1926 Allen Av.

19. (a) (Date received local registrar) JAN 6 1947 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3 year 1947 hour 10.00 minute A M.

21. I hereby certify that I attended the deceased from July 1 46, to Jan 3 47, 19 ; that I last saw her alive on Jan 3 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Aneurism of aorta

Due to Cause not known

Due to

Other conditions (Include pregnancy within 3 months of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature F. G. Pernoud (M. D. or other) MD

Address 975 Arcade Bldg Date signed 1/4/47

(Licensed Embalmer's Statement on Reverse Side)

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

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

working under my personal supervision.

Signed Benj. C. Duncan

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, fact should be so stated above.