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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19247

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4900

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 3714 West Pine Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County .....
(c) City or town St.Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3714 West Pine Blvd.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Catherine Pohl
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March 11th., 1863 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Warsaw (City, town, or county) Ill. (State or foreign country)
10. Usual occupation At Home
11. Industry or business .....

MOTHER FATHER
12. Name Jacob Pohl
13. Birthplace Germany (City, town, or country) (State or foreign country)
14. Maiden name CCatherine Strasser
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Miss Helen Pohl
(b) Address 3714 West Pine Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) ..... (Date received local registrar) (b) J. F. Bredell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th., year 1947 hour 9 minute 40 a. M.

21. I hereby certify that I attended the deceased from July 10, 1946 to May 13, 1947 that I last saw her alive on May 12, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetis mellitis	10 yrs
Due to	
Due to not known	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 .....
23. Signature N. G. Miller (M. D.)
Address 8410 N. Broadway Date signed 5-15-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 9 1956

MAY 3 1955

N. Broadway

9-11

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.