

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

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FILED JAN 24 1949

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH: ST. LOUIS
 (a) County ST. LOUIS
 (b) City or town EMERALD
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lemay Nursing Home 9353 S. Broadway
 (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 St. Louis
 (c) City or town Lemay, Brakine ave.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 827 Brakine ave.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 22
 year 1948 hour 7 minute 20 P.M.
 21. I hereby certify that I attended the deceased from Sept. 15
1948 to 12-22, 1948
 that I last saw her alive on 12-22, 1948
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Otto C. Pohle
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 3 1868
 (Month) (Day) (Year)

Immediate cause of death Coronary atherosclerosis Duration 2 hrs
 Due to chronic cardio-vascular disease. 20 years

8. AGE: Years 80 Months 7 Days 17
 If less than one day _____ hr. _____ min.

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 93d

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

10. Usual occupation Nil
 11. Industry or business _____
 12. Name Frank Geimer
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Raymond C. Pohle
 (b) Address 517 Fassen St.
 17. (a) Burial (b) Date thereof Dec. 27-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Trinity Cemetery

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? _____

18. (a) Signature of funeral director C. Hoffmeister Undertaking Co.
 (b) Address 7814 S. Broadway
 19. (a) 12-27-48 (b) Theresa L. Lutz
 (Date received local registrar) (Registrar's signature)

23. Signature Green S. Trellis (M. D. or other) _____
 Address 75x Lemay Ferry Rd Date signed 12/24/48

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 *Amos C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address: *7814 S. Broad*

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.