

FILED MAR 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2720

|   |                               |   |                                       |  |   |   |   |  |
|---|-------------------------------|---|---------------------------------------|--|---|---|---|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <u>318</u>   |                                       | PRIMARY REG. DIST. NO. <u>1003</u>   |   | Registrar's No. _____   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                               |   |                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY _____ |   |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u>  |                               | c. LENGTH OF STAY (In this place) _____   |                                       | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u>                                 |   | 2029  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros. Hospital</u>   |                               |   |                                       | d. STREET ADDRESS (If rural, give location) <u>5744 Goethe Ave.</u>  |   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>CAESAR</u>   |                               | b. (Middle) <u>J.</u>   |                                       | c. (Last) <u>POLLNOW</u>   |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 10 1951</u>                          |   |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   | 8. DATE OF BIRTH <u>Dec. 13, 1895</u> |  | 9. AGE (In years last birthday) <u>55</u> |   | IF UNDER 1 YEAR Months _____ Days _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tavern Owner-Frankie &amp; Johnnie Tavern</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____   |                                       | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>  |   | 12. CITIZEN OF WHAT COUNTRY? _____  |   |  |
| 13a. FATHER'S NAME <u>Charles Pollnow</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Anna Teipel</u>  |                                       | 14. NAME OF HUSBAND OR WIFE <u>Edith Pollnow</u>   |   |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>   |                               | 16. SOCIAL SECURITY NO. _____   |                                       | 17. INFORMANT'S SIGNATURE OR NAME <u>Edith Pollnow</u> ADDRESS <u>5744 Goethe Ave.</u>   |   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                       |                               | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>   |                                       |  |   | MEDICAL CERTIFICATION   |   | INTERVAL BETWEEN ONSET AND DEATH _____ |
|   |                               | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension</u> |                                       |  |   |   |   |  |
|   |                               | DUE TO (c) <u>Atherosclerosis + coronary sclerosis</u>  |                                       |  |   |   |   |  |
|   |                               | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>sclerosis</u>    |                                       |  |   |   |   |  |
| 19a. DATE OF OPERATION _____  |                               | 19b. MAJOR FINDINGS OF OPERATION _____  |                                       |  |   | 20. AUTOPSY? (YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ) |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |                                       | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____  |   |   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                       | 21f. HOW DID INJURY OCCUR? <u>H2O</u>  |   |   |   |  |
| 22. I hereby certify that I attended the deceased from <u>3-9, 1951</u> , to <u>3-10, 1951</u> , that I last saw the deceased alive on <u>3-9, 1951</u> , and that death occurred at <u>5:40 A.M.</u> , from the causes and on the date stated above. |                               |   |                                       |  |   |   |   |  |
| 23a. SIGNATURE <u>Thomas A. Coates M.D.</u> (Degree or title)   |                               |   |                                       | 23b. ADDRESS <u>5203 Chippewa</u>  |   | 23c. DATE SIGNED <u>3-12-51</u>   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                               | 24b. DATE <u>Mar. 13, 1951</u>  |                                       | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>              |   |  |
| DATE REC'D BY LOCAL REG. <u>MAR 12 1951</u>   |                               | REGISTRAR'S SIGNATURE <u>J. B. Luster</u>   |                                       | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>  |   |   |   |  |

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

APR 26 1951

AUG 26 1953

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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.....  
.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *Richard H. Stoverand* .....

Signed.....  
Student Embalmer

Licensed Embalmer No..... *4007* .....

P. O. Address.....

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.