

DIED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18478
Registrar's No. 5087

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 18478		Registrar's No. 5087							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY											
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			2049						
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 1458 Gregg Avenue											
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD, b. (Middle) Louis c. (Last) POHLIG			4. DATE OF DEATH (Month) MAY (Day) 31 (Year) 1951												
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1/18/1874		9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Days 4		11. UNDER 1 YEAR Hours 13		12. UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist				10b. KIND OF BUSINESS OR INDUSTRY City Ice & Fuel Co				11. BIRTHPLACE (State or foreign country) Gray Summit Missouri				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Louis Pohlig				13b. MOTHER'S MAIDEN NAME ?				14. NAME OF HUSBAND OR WIFE Tillie Whilming Pohlig							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 492-05-1392				17. INFORMANT'S SIGNATURE OR NAME Julius E. Pohlig				ADDRESS TUscola Illinois			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease										INTERVAL BETWEEN ONSET AND DEATH			
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200											
22. I hereby certify that I attended the deceased from 5-29-51, 19__, to 5-31-51, 19__, that I last saw the deceased alive on 5-31-51, 19__, and that death occurred at 10:30A m., from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) J. A. Hutchinson, M.D.						23b. ADDRESS 4515 Lafayette Avenue			23c. DATE SIGNED 5-31-51						
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-7-51		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) St. Louis County Missouri		(State)							
DATE REC'D BY LOCAL REG. JUN 2 1951		REGISTRAR'S SIGNATURE J. B. Lassiter				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary 6633 Clayton Road									

(Licensed Embalmer's Statement on Reverse Side)

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

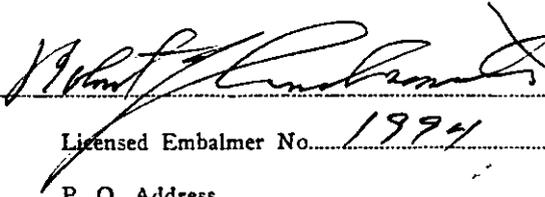
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 1994

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.