

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10439

State File No.

1880

Registrar's No.

No. 300

10.48

FILED MAR 22 1952

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri)		c. LENGTH OF STAY (In this place) LIFETIME		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			d. STREET ADDRESS (If rural, give location) 26 3927 N. 20 ST		
3. NAME OF DECEASED (Type or Print) a. (First) MAYME		b. (Middle) ✓		c. (Last) POLLIHAN	
4. DATE OF DEATH (Month) (Day) (Year) FEB. 27, 1952		5. SEX F.		6. COLOR OR RACE W.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG. 8, 1883		9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NIL		11. BIRTHPLACE (State or foreign country) ST. LOUIS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME HENRY MEYERING		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE W^m POLLIHAN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME W^m POLLIHAN		17. ADDRESS 3927 N. 20 ST		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized atherosclerosis			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. Paralysis of foot, Amputation 260X		19a. DATE OF OPERATION 12/9/57			
19b. MAJOR FINDINGS OF OPERATION Paralysis of foot due to atherosclerosis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, hotel, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-15-51 , 19___, to 2-27-52 , 19___, that I last saw the deceased alive on 2-27-52 , 19___, and that death occurred at 10:45AM. , from the causes and on the date stated above.					
23a. SIGNATURE (Describe or title) Donald T. Behrens, M.D.		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 2-27-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/1/52		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		DATE REC'D BY LOCAL REG. FEB 28 1952		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE MA Suedmeyer & Sons		25. ADDRESS 3924 N. 20 St		25. (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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo.*

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.