

STANDARD CERTIFICATE OF DEATH

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) **50-yrs.**

d. FULL NAME OF HOSPITAL OR INSTITUTION **1385 Temple Place**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Mo.**

b. COUNTY _____

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **1385 Temple Place**

3. NAME OF DECEASED (Type or Print)

a. (First) **John**

b. (Middle) _____

c. (Last) **Pohl**

4. DATE OF DEATH (Month) (Day) (Year) **July 19, 1954**

5. SEX **M.**

6. COLOR OR RACE **W.**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **S.**

8. DATE OF BIRTH **March 1, 1872**

9. AGE (In years last birthday) **82**

IF UNDER 1 YEAR: Months **4** Days **18**

IF UNDER 24 HRS.: Hours **18** Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Maintenance Man - Ramco**

10b. KIND OF BUSINESS OR INDUSTRY **Piston Ring Corp.**

11. BIRTHPLACE (City and State or Foreign Country) **Illinois**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Jacob Pohl**

13b. MOTHER'S MAIDEN NAME **Catherine Strasser**

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give year or dates of service)

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **Miss Helen Pohl**

ADDRESS **1385 Temple Place**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Heart Failure**

PRECEDENT CAUSES (b) **Paralysis of Lungs**

* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

19. 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 **7 days**

5 years

3 1/2 years

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) **St. Louis, Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **350XF**

22. I hereby certify that I attended the deceased from **July 19, 1954**, to **July 19, 1954**, that I last saw the deceased alive on **July 19, 1954**, and that death occurred at **6:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **J. E. Stenzel** (Degree or title) _____

23b. ADDRESS **567 W. 5. Road**

23c. DATE SIGNED **7/21/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **July 22, 1954**

24c. NAME OF CEMETERY OR CREMATOR **Calvary Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **JUL 21 1954**

REGISTRAR'S SIGNATURE **Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE **Arthur J. Connelly**

ADDRESS **3840 Lindell Blvd.**

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

Williamson

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.....
Signature of Student Embalmer

Signed *James Williamson*

Licensed Embalmer No. *356*

P. O. Address *3840 Len*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.