

FILED OCT 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32948**

BIRTH NO. _____		REG. DIST. NO. <u>367</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton, Mo.		c. LENGTH OF STAY (in this place) 2 Mos.		c. CITY OR TOWN St. Ann's Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katy Jane Nursing Home				e. STREET ADDRESS (If rural, give location) 4001			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) F. c. (Last) Pohl			4. DATE OF DEATH (Month) (Day) (Year) Sept 25, 1956.				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 29, 1873.		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Month 9 Day 26	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Pohl		13b. MOTHER'S MAIDEN NAME Anna Shivers		14. NAME OF HUSBAND OR WIFE Cora Pohl			
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. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida Hefti, St. Ann's, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia bled Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Intermittent Hematuria rise to the above cause (a) stating the underlying cause last. DUE TO (c) Angerous Heart failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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, street, 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 <u>7-31, 1956</u> , to <u>9-25, 1956</u> , that I last saw the deceased alive on <u>9-24, 1956</u> , and that death occurred at <u>9:05A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wald Hoelcher M.D.				23b. ADDRESS Warrenton Mo		23c. DATE SIGNED 9-29-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/28/56	24c. NAME OF CEMETERY OR CREMATORY Vienna Cemetery		24d. LOCATION (City, town, or county) (State) Vienna, Mo.		
DATE REC'D BY LOCAL REG. 10-1-56		REGISTRAR'S SIGNATURE Wald Logan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Birmingham Vienna, Mo.			

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.....
Signature of Student Embalmer

Signed.....

John E. Herlinger

Licensed Embalmer No. *2646*

P. O. Address *Warrenton*

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.