

FILED FEB 21 1957 STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 450

1. PLACE OF DEATH a. COUNTY <u>St. Louis - Mo</u>		2. USUAL RESIDENCE (Where deceased lived or institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis,</u> c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mo.</u>		c. LENGTH OF STAY (in this place) <u>19 days</u>	c. CITY OR TOWN <u>University City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO-PACIFIC HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>8327 DELMAR BLVD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>ALICE</u> c. (Last) <u>POHLIG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 14 1957</u>		
5. SEX <u>FEM</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Feb 22 - 1882</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Grover, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Grover, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>August Wiedner</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>William Pohlrig (Husband)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No. Nil.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Earl Donahue, 8327 Delmar Blvd.</u> ADDRESS _____	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-14-57</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture Left FEMUR</u>		12-26-56	
		DUE TO (c) _____		11/16/57	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>OK, Jagged Fracture, Angiogram E904.0</u>			

19a. DATE OF OPERATION <u>Dec-28-1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric Fracture Left Femur</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>University City - St. Louis - Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec-26-56 5A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>F</u>	

22. I hereby certify that I attended the deceased from Dec-26, 1956, to Jan. 14, 1957, that I last saw the deceased alive on Jan-14, 1957, and that death occurred at 9:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) <u>Joseph A. Lumbard MD</u>		23b. ADDRESS <u>607 N. Grand Blvd</u>		23c. DATE SIGNED <u>1-15-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-17-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		ADDRESS <u>1700 Washington</u>	

DATE REC'D BY LOCAL REG. JAN 15 '57 REGISTRAR'S SIGNATURE Earl Smith MD (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Certificate to his office for approval.

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 Binkley*.....
Licensed Embalmer No. *365*.....
P. O. Address *St Louis*.....

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.