

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

28047

**1. PLACE OF DEATH**

County.....

Registration District No. 701

Township.....

Primary Registration District No. 11488

City St. Louis (No. City Hospital)

File No. ....

Registered No. 7932

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. no home St., 23 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24 - 1846

7. AGE YEARS 86 MONTHS 5 DAYS 27 If LESS than 1 day, .... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER 13. NAME Carl Polster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saxton Germany

15. MAIDEN NAME John Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saxton Germany

17. INFORMANT (ADDRESS) Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 8/31/32

19. UNDERTAKER (ADDRESS) W. Richter 3500 Ridge

20. FILED Aug 31 1932 May C. Stankoff Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21<sup>st</sup>, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20 1932, to Aug. 21, 1932

I last saw him alive on Aug. 21<sup>st</sup>, 1932 Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Senility  
93C  
62  
93C  
Other contributory causes of importance: (1)

Name of operation ..... Date of .....  
What test confirmed diagnosis? Chm. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) Immanuel, M. D.  
(Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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