

DEC 12 1938

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

37743  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 701  
(b) Township ..... Primary Registration District No. 1003  
(c) City St. Louis, (d) Street No. Leacones Hospital St. 1003  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CLARA MALINDA SCHLOEMAN POLSTER.

(a) Residence, No. 6366 Waterman, Ave., St. N.R. UNIVERSITY, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 19, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from June, 1928 to November 19, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31 1887

I last saw h... or... alive on November 19, 1938 Death is said to have occurred on the date stated above, at 8:15 P.M.

7. AGE YEARS 51 MONTHS 2 DAYS 19 If LESS than 1 day, ..... hrs. or ..... min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home

Anoplexy (cerebral hemorrhage) Date of onset Nov. 19

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

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

Other contributory causes of importance: Hypertension and arteriosclerosis - 2 year  
Cardiac hypertrophy - 2 year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME John William Schloeman

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

15. MAIDEN NAME Anna Marie Graefe

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

17. INFORMANT O. W. Polster (ADDRESS) 6366 Waterman

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE Nov. 22, 1938

19. FUNERAL DIRECTOR (NAME) C. R. Lupton & Sons, (ADDRESS) 7233 Delmar, Blvd. St. Louis, Mo.

20. FILED NOV 22 1938 J. F. Bredek Local Registrar.

Name of operation None Date of ..... What test confirmed diagnosis? All usual 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) W. J. ... M. D. (Address) 2278 S. Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, .....

*Clarence H. Murray*, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Clarence H. Murray*

Licensed Embalmer No. *4011*

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

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**