

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

REC'D SEP 7 1939

State File No. \_\_\_\_\_

Registration District No. 184

Primary Registration District No. 115

Registrar's No. 1537

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6238 Cabanne Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 17 years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6238 Cabanne Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME George Edwin Poler 460

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 30 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 1 29 hr. \_\_\_\_\_ min.

9. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Andrew J. Poler

13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Hannah ?

15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]

(b) Address 6238 Cabanne Ave.

17. (a) Removal (b) Date thereof Aug. 30/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Colome, S. Dakota

18. (a) Signature of funeral director [Signature]

(b) Address 1125 Hammond Ave.

19. (a) AUG 29 1939 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29  
year 1939 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb 7, 1931, to Aug 29, 1931;  
that I last saw him alive on Aug 28, 1931;  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.  
Address 1194 Hammond Ave Date of issue 8-29-39

**STATEMENT BY LICENSED EMBALMER**

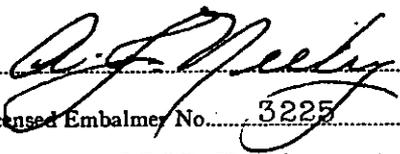
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

A. J. Neely.....

Registered Apprentice No. ....

working under my personal supervision.

Signed.....

  
Licensed Embalmer No. 3225.....

P. O. Address 1125 Hodiament Ave.....

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

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