S. No. 2
-11-10-59
5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27433

Registration District No. 791 SEP 25 1940

Primary Registration District No. 1003

Registrar's No. 7329

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4967 Rosalie Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ---------- years.

3. (a) PRINT FULL NAME Teresa C. Ilgen 42-5

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Divorced unknown

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased March 22, 1897 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	5	8	hr. min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country) 1620

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Anthony Polklesner
13. Birthplace Germany (City, town, or county) (State or foreign country) 6

MOTHER
14. Maiden name Margaret Uelk
15. Birthplace St. Louis (City, town, or county) (State or foreign country) 0

16. (a) Informant Kurt A Ilgen
(b) Address 4967 Rosalie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2, '40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Brunswig Mud. Co.
(b) Address 4746 W. Florissant Ave.

19. (a) AUG 31 1940 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th year 1940 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Barbital Poison self

Due to Administered

Due to at her home

Other conditions
(Include pregnancy within 3 months of death) Aug 26-1940

Major findings:
Of operations Exact time unknown

Of autopsy Suicide

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) Suicide
(b) Date of occurrence 8/26/40
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work (e) Means of injury Poison

23. Signature Joseph M. Lieuen (M. D. or other)
Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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