

FILED DEC 3 1943
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 10258

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:
1923a North Market St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME John Asher Polson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Elva Polson 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased. Apr. 25 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Building Contractor

11. Industry or business Retired

12. Name James T. Polson

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

14. Maiden name Eileen McMahon

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

16. (a) Informant Elva Polson

(b) Address 1923A No. Market St.

17. (a) Removal (b) Date thereof 11-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede Mo.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) NOV 23 1943 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1923a North Market St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1943 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 22 1943
to Nov 22 1943
that I last saw him alive on Nov 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Stenosis Duration 17
Wear Stenosis 39

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (b) Means of injury _____

23. Signature J D Polson (M. D. or other) _____
Address 2405 W. Harrison Date signed 11/23/43

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

MOTHER FATHER

2505 N. Alton
9-10-21-3

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 Albert R. Thompson

Licensed Embalmer No. 4237

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 this body is not embalmed, fact should be so stated above.