

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

Registration District No. **318** SEP 14 1945

Primary Registration District No. **1003**

Registrar's No. **7718**

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
Res: 5720 Clemens 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.....
years, months or days)

3: (a) PRINT FULL NAME SAMUEL BREWER WALTER POLEMAN

3: (b) If veteran, name war NONE

3: (c) Social Security No. NONE

4. Sex male 5. Color or race white

6: (a) Single, widowed, married, divorced Married

6: (b) Name of husband or wife Bessie F. Theobald Poleman. 6: (c) Age of husband or wife if 81 years

7. Birth date of deceased. Oct. 20th 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 10 12 hr. min.

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

10. Usual occupation Retired; President,

11. Industry or business Western Tie & Timber Co.

12. Name Alexander Poleman.

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

14. Maiden name Katherine Brewer.

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

16: (a) Informant Thomas T. Poleman.

(b) Address 6315 Waterman Ave.

17: (a) Entombment (b) Date thereof 9-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum.

18: (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Bl'vd.

19: (a) SEP 4 1945 (b) J. Z. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town St. Louis, Mo. 173
(If outside city or town limits, write "RURAL")

(d) Street No. 5720 Clemens Ave., 9
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd
year 1945 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from Aug 14, 1945, to Sept 2, 1945
that I last saw him alive on Sept 2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Noxemia

Due to Pyelo Nephritis

Due to Hyperparathyroidism of Parathyroid glands

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 137

Of autopsy.....

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?.....

23. Signature Howe (M. D. or other) 0
Address 4731 Western St. Pl. Date signed SEP 2 1945

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr H. W. Soper.
Res: 4731 Westminster
RO: 2244 at 11:00 A.M.
Office: 3903 Olive St.
JE: 5600.

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.....

Licensed Embalmer No. *2122*

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

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.