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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 23 1948
Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No. 20603
Registrar's No. 191

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 yrs. 18 mos. 24 das. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")
(d) Street No. 921 Erskine Avenue 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME BERTHA POLSTER
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 Married
6. (b) Name of husband or wife John Polster
6. (c) Age of husband or wife if alive UNKNOWN years
7. Birth date of deceased May (Month) 13 (Day) 1893 (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	0	26	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

FATHER
12. Name David Atler
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Berthes Hoster
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Parklawn Cem., St. Louis Co.
18. (a) Signature of funeral director Hoffmeister Funeral Home
(b) Address South Broadway, St. Louis, Mo.
19. (a) 6-16-48 (Date received local registrar) (b) Esther Rudloff 289 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1948 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from Sept. 15, 1933, to June 9, 1948; that I last saw her alive on June 9, 1948, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	
Due to	
Due to	
Other conditions: Dementia Praecox (Include pregnancy within 3 months of death)	15 yrs.

Major findings:
Of operations .....
Of autopsy No autopsy.

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Emma F. Hoover (M. D. or other)
Address Farmington, Mo. Date signed 6/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 648-800

Date Filed 6-22-48

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 Paul K Duyal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.