

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED FEB 20 1953

ST. LOUIS

REG./DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 551

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay	
c. LENGTH OF STAY (in this place) 31 yrs		d. STREET ADDRESS (If rural, give location) 921 Erskine	
d. FULL NAME OF HOSPITAL OR INSTITUTION 921 Erskine			

3. NAME OF DECEASED a. (First) JOHN (Type or Print)			b. (Middle) ****			c. (Last) POLSTER			4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 2, 1886			9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Worker
10b. KIND OF BUSINESS OR INDUSTRY Falstaff Brew. Co.				11. BIRTHPLACE (City and State or Foreign Country) Germany				12. CITIZEN OF WHAT COUNTRY? U.S. A.			

13a. FATHER'S NAME Fred Polster			13b. MOTHER'S MAIDEN NAME Christina (Unk.)			14. NAME OF HUSBAND OR WIFE Bertha		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Polster 3703 Bobbing, Lemay 23 Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION Carcinoma of the Esophagus						INTERVAL BETWEEN ONSET AND DEATH 4 mo.	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of the Esophagus							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (p) _____ DUE TO (e) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 150X							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 22, 1953 to Feb 16, 1953, that I last saw the deceased alive on Feb 14, 1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hubert P. Domb		23b. ADDRESS 7814 So. Broadway St. Louis 11 Mo.		23c. DATE SIGNED Feb 16 1953	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 18 1953		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) 1800 Lemay Ferry Road	
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DATE REC'D BY LOCAL REG. 2-16-53		REGISTRAR'S SIGNATURE Hubert P. Domb - M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 So. Broadway St. Louis 11 Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Harry J. Schussler

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.