THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003923
STATE FILE NUMBER

FEB 11 1959 Registration District No. 317 Primary Registration District No. 59a Registrar's No. 252

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: PINE LAWN — Inside Limits: Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4320 RAVENWOOD — Length of stay in 1b: 6 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST. LOUIS
c. CITY OR TOWN: PINE LAWN — Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location): 4320 RAVENWOOD — Reside on Farm: Yes No X

3. NAME OF DECEASED (Type or print): First HERMAN Middle A. Last POLZIN
4. DATE OF DEATH: Month JAN. Day 24 Year 1959
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH: APR. 28, 1888
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (City and state or country): GERMANY
12. CITIZEN OF WHAT COUNTRY? GERMANY
13. FATHER'S NAME: ALVIN POLZIN
14. MOTHER'S MAIDEN NAME: PAULINE ENGLE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: MRS. RUTH SCHNEIDER, 4320 RAVENWOOD (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage Nt — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Rheumatoid arthritis severe — 6 yrs.
DUE TO (c): A.S.H. Disease — 4 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331X
19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1958 to 1-24-59 and last saw ~~her~~ him alive on 1-20-59
Death occurred at 1:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) MD
22b. ADDRESS: 8321 N Broadway (15)
22c. DATE SIGNED: 1-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 1/27/1959
23c. NAME OF CEMETERY OR ~~CREMATORY~~: VALHALLA
23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MISSOURI
24. FUNERAL DIRECTOR: TANNER FUNERAL HOME, BRIDGE — ADDRESS: 6107 NATL.
25. DATE RECD. BY LOCAL REG.: 1-27-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton R. H. Remelio

Licensed Embalmer No. 4

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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