

Registration District No. 1000

Primary Registration District No. \_\_\_\_\_

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4525 Lindell Blvd.  
(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 \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4525 Lindell Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Otto William Polster

3. (b) If veteran, name war none 8. (c) Social Security No. 493-10-1242

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Clare Melende Polster 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 26 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 3. 26. hr. \_\_\_\_\_ min.

9. Birthplace Warrenton, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Pres. Wittie Hardware Co

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name J. G. Polster  
13. Birthplace Overshutzen Austria  
(City, town, or county) (State or foreign country)  
14. Maiden name Emmal Leiber  
15. Birthplace Kassel Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. G. Polster  
(b) Address 4525 Lindell

17. (a) Bellefontaine (b) Date thereof 1-23-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director C. P. Dupont + Son  
(b) Address 7233 Delmar Blvd

19. (a) JAN 23 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Date of death)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 21st.  
year 1940 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from January  
\_\_\_\_\_, 1930, to January 21st., 1940  
that I last saw him alive on January 21st., 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (cerebral hemorrhage) Duration Jan. 17th

Due to Chronic interstitial nephritis  
Chronic myocarditis, arteriosclerosis  
Paget's bone disease

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Major findings: SI  
Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 2278 S. Jefferson Date signed Jan 22

WHILE FILLING IN USE EMPLOYING BACK INVERTED MAKE A PERMANENT RECORD

I 19351

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 17 1942

2278205  
# -  
Jefferson Ave 4216

**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... *Bradford A Miles* .....  
Licensed Embalmer No. *2901* .....  
P. O. Address. *Jefferson Ave* .....

**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, above space should be left blank.**