

FILED JUN 30 1947

State File No. _____

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 193

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Charles 92
(c) City or town St Charles 9
(If outside city or town limits, write "RURAL") 1
(d) Street No. 209 Clark St 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME James Polston

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Katherine Polston 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 14 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Warren County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Andrew Polston

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

14. Maiden name Susan Lucas

15. Birthplace Macon Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lawrence McIntosh

(b) Address 145 No. Main St St Charles Mo.

17. (a) Burial (b) Date thereof June 7 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton City Cemetery

18. (a) Signature of funeral director Hubert Bane

(b) Address 326 No. 6th St St Charles Mo.

19. (a) June 20 1947 (b) Frank Hainlter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1947 hour 7 minute 1 M.

21. I hereby certify that I attended the deceased from Nov 16 1942 to June 5 1947
that I last saw him alive on June 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerotic heart disease

Due to _____

Due to _____

Other conditions expletis, enlargement prostate
(Include pregnancy within 6 months of death)

Major findings: 93
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 10

23. Signature Verment A Relembier (M. D. or other) MD
Address St Charles, Mo Date signed 6/8/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

92
9
3

RECEIVED
District Health Officer No. 9,
District File Number
JUN 26 1947
Date Filed

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 *Arthur O. Bane*
Licensed Embalmer No. 2151
P. O. Address St Charles 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.