

FILED OCT 18 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 35230

8493

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1953 Alfred Ave.</b>				d. STREET ADDRESS <b>1953 Alfred Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alex</b>		b. (Middle) <b>Herbert</b>		c. (Last) <b>Polster</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10/6/50</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married 10/5/27</b>		8. DATE OF BIRTH <b>8/5/95</b>		9. AGE (In years last birthday) <b>55</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Market Specialist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dep't of Agriculture</b>		11. BIRTHPLACE (State or foreign country) <b>Warrenton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Gustav Charles Polster</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Bothe</b>		14. NAME OF HUSBAND OR WIFE <b>Verda M. Farris</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Verda M. Polster, 1953 Alfred Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIO-SCLEROSIS AND</b> DUE TO (c) <b>MYOCARDITIS</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>24 YEARS</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H2O</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to <b>10/6/50</b> , 19____, that I last saw the deceased alive on <b>10/4/50</b> 19____, and that death occurred at <b>8:15 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>George D. Hollman</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>Arcade Bldg. 1</b>		23c. DATE SIGNED <b>10/7/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/9/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Warrenton</b>		24d. LOCATION (City, town, or county) (State) <b>Warrenton, Mo.</b>	
DATE RECD BY LOCAL <b>OCT 9 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Fasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ambruster Mortuary, 6633 Clayton Rd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

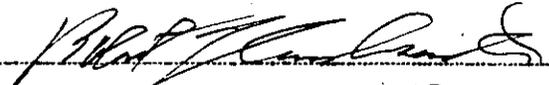
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....



Signed.....  
Student Embalmer

Licensed Embalmer No..... 1994

P. O. Address.....

**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.**