

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**18415**

State File No. ....

**FILED JUN 16 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4909**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (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 township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>3 years</b>		d. STREET ADDRESS (If rural, give location) <b>16 3640 Arsenal St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Tobias</b>	b. (Middle)	c. (Last) <b>Polster</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 27, 1952.</b>
---	--------------------------	-------------	--------------------------	--

<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>March 19, 1854</b>	<b>9. AGE</b> (In years last birthday) <b>98</b>	<b>10. MONTHS</b>	<b>11. DAYS</b>	<b>12. HRS.</b>	<b>13. MINS.</b>
------------------------------	---	--	--	--	-------------------	-----------------	-----------------	------------------

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Austria</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>4</b>
--	--	--	---

<b>13a. FATHER'S NAME</b> <b>John Polster</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Elizabeth</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
--	--	------------------------------------

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Uttilda Gross</b>	<b>ADDRESS</b> <b>4533 Adelaide Ave.</b>
--	---	--	---

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 men</b> <b>many years</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Occlusion</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Arterial Sclerosis</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> <b>July 2 '49</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Hypertrophied Prostate with retention</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
---	---	--

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>4201</b>
---	--	--

**22. I hereby certify that I attended the deceased from May 24, 1949, to May 27, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 12:15 p. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>	(Degree or title)	<b>23b. ADDRESS</b> <b>958 Arcade Bldg. 55th St.</b>	<b>23c. DATE SIGNED</b> <b>May 28 '52</b>
---	-------------------	---	--

<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>5-29-52.</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Johns Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Co. Missouri.</b>
--	-------------------------------------	--	--

<b>DATE REC'D BY LOCAL REG.</b> <b>MAY 28 1952</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Math Hermann &amp; Son, Inc.</b>	<b>ADDRESS</b> <b>2161 E. Fair Ave.</b>
---	--	--	--

WRITE PLAINLY—USING UNFADEING 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 *W. Ford G. Burnley*

Licensed Embalmer No. *4202*

P. O. Address *St. Louis 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.