

FILED MAR 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 10069

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1936

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION # 21 N. Boyle Ave.		STREET ADDRESS (If rural, give location) # 21, No. Boyle Ave. 2199	

3. NAME OF DECEASED (Type or Print) a. (First) Paul	b. (Middle) Max	c. (Last) Polke	4. DATE OF DEATH (Month) (Day) (Year) Mar. 1, 1955
--	-----------------	-----------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 16, 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
-------------	------------------------	--	---------------------------------	------------------------------------	------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator	10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	11. BIRTHPLACE (City and State or Foreign Country) Friedberg, Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	-------------------------------------

13a. FATHER'S NAME Wilhelm Polke	13b. MOTHER'S MAIDEN NAME Francisca Weimer	14. NAME OF HUSBAND OR WIFE Katharine Polke
----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. W. W. # 1 490-03-1065	17. INFORMANT'S SIGNATURE OR NAME Katharine Polke # 21, N. Boyle Ave.	ADDRESS
---	---	---	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 4222
---	--	---------------------------------

22. I hereby certify that I attended the deceased from Aug 1, 1953, to 3-1-55, that I last saw the deceased alive on 2-27-55, and that death occurred at 6:40 AM from the causes and on the date stated above.

23a. SIGNATURE Clyde B. Kane M.D.	(Degree or title)	23b. ADDRESS 706 Walton	23c. DATE SIGNED 3-1-55
-----------------------------------	-------------------	-------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-3-55	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Brks, Mo.
---	------------------	--	---

DATE REC'D BY LOCAL REG. MAR 1 1955	REGISTRAR'S SIGNATURE J. C. Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington.
-------------------------------------	--	--	--------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *J. Wm. Dinkley*

Licensed Embalmer No. *365*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. -
If this body is not embalmed, fact should be so stated above.