

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35435

FILED OCT 25 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2348

1. PLACE OF DEATH a. COUNTY <u>St. Louis County, Mo.,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood,</u>	c. LENGTH OF STAY (in this place) <u>5 min.</u>	c. CITY OR TOWN <u>Kirkwood.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>#368 Bach Road.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>THEOBALD</u> c. (Last) <u>POLEMAN.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11, 1955.</u>					
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed.</u>	8. DATE OF BIRTH <u>Sept 22, 1892.</u>	9. AGE (In years last birthday) <u>63.</u>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired.. Investment</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Broker.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Samuel Eber Poleman.</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Theobald.</u>	14. NAME OF HUSBAND OR WIFE <u>Georgia Riddle Poleman.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>W.W. I. Air-force</u>	16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Harry c. Eschenroeder,</u> ADDRESS <u>695 Hawbrook.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		<u>1 wk.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		<u>3 yrs.?</u> <u>10 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Alcoholism</u>		<u>10 yrs.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5811</u>		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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11, 1955, to 10-11, 1955, that I last saw the deceased alive on 10-11, 1955, and that death occurred at 9:45 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> Degree or title _____	23b. ADDRESS <u>9929 Manchester Rd. Kirkwood, LL, MO</u>	23c. DATE SIGNED <u>10-12-55</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) Entombment.	24b. DATE <u>10/13/55.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum..</u>	24d. LOCATION (City, town, or county) (State) <u>#7800 St. Charles Rock Road,</u>
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DATE REC'D BY LOCAL REG. <u>10-12-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domb</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M.C. R. Lupton & Sons,</u> ADDRESS <u>#7233 Delmar Blv'd.,</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 28 1953

#9929 Manchester Road.
Watson Woods Shopping Center.
Room #203.

1 - 3 p.m.

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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.