

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

388114

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1093**

City **St. Louis** (No. **Jewish Hospital**)

File No.

Registered No. **11566**

St. Ward)

2. FULL NAME

(a) Residence, No. **5770 Kensington** St., **12** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph Polinsky (Gornas)**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **unk**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **abw**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **At home**

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **Odessa**
(STATE OR COUNTRY) **Russia**

10. NAME OF FATHER **Louis Engel**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Russia**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Leah Greenman**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Russia**
(STATE OR COUNTRY)

14. INFORMANT **Jacob Engel**
(Address) **5847 Pershing**

15. FILED **DEC 25 1927** **Marie Starick**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 24 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 1** 19**27**, to **Dec 24** 19**27**. That I last saw her alive on **Dec 23** 19**27**, and that death occurred, on the date stated above, at **10 a. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of stomach
Hx P
4 4 a
(duration) yrs. **8** mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

Did an operation precede death? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) **Albert E. Tamm**, M. D.

Dec 24, 1927 (Address) **3720 Washington**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL **Cremated Shelmeth** DATE OF BURIAL **12/25 1927**

20. UNDERTAKER **H B Berger** ADDRESS **1715 McChesnut**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

