

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

Do not use this space.

11059

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **5800**)

**Armed St**

File No.....

Registered No. **2887**

Ward

**2. FULL NAME**

**Sam Polkeshorn**

(a) Residence. No. **5800 Arsenal** St. **Ward 13**

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **45** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**M**

**4. COLOR OR RACE**

**White**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**Widower**

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

**Sarinda Polkeshorn**

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

**11-25-1852**

**7. AGE**

**75**

**YEARS**

**3**

**MONTHS**

**DAYS**

**18**

If LESS than 1 day, **hrs.** or **min.**

**8. OCCUPATION OF DECEASED**

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

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

(c) Name of employer **—**

**9. BIRTHPLACE (CITY OR TOWN)**

**England**

(STATE OR COUNTRY)

**10. NAME OF FATHER**

**Jack Polkeshorn**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

**England**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

**Not known**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

**England**

(STATE OR COUNTRY)

**14.**

INFORMANT **Dr. M. E. Shuger**  
(Address) **5800 Arsenal St**

**15.**

**MAR 23 1928**  
**May C. Stanczyk**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

**March 15 1928**

**17.**

I HEREBY CERTIFY That I attended deceased from **Feb 26**, 19**28**, to **March 13**, 19**28**.  
that I last saw him alive on **March 13**, 19**28**, and that death occurred, on the date stated above, at **11:45 P.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**11:45 Carcinoma of stomach**  
**97 440**

**CONTRIBUTORY (SECONDARY)**

**Senility + Arterial Sclerosis**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? **no**

**19. DID AN OPERATION PRECEDE DEATH?**

**no** DATE OF **no**

**20. WAS THERE AN AUTOPSY?**

**no**

**WHAT TEST CONFIRMED DIAGNOSIS?**

**none**

(Signed) **HO Shuger**, M. D.

**Mar 13, 1928** (Address) **5800 Arsenal**

\*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 REMOVALS**

**DATE OF BURIAL**

**St. Martin's Highridge Mo**

**Mar 15 1928**

**20. UNDERTAKER**

**John G. Koch**

**ADDRESS**

**Fulton Mo**

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.

WRITE IN INK. WITH OUTFACING INK—THIS IS A PERMANENT RECORD

