

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

Do not use this space.

35397

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1908**  
 City **Ruthenburg Hospital Thomas & Chris**

File No.....  
 Registered No. **0424**  
 St. .... Ward)

**2. FULL NAME**

**ROSE HU POLASKI**  
 (a) Residence. No. **3421 W. 46th** St., **76** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 7 - 1897**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**31 | 5 | 15**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Clerk**  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer **City Walker Dry Gls**

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

(STATE OR COUNTRY) **St Louis**

**10. NAME OF FATHER**

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

(STATE OR COUNTRY) **Germany**

**12. MAIDEN NAME OF MOTHER**

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

(STATE OR COUNTRY) **Germany**

**14.**

INFORMANT **Dr. J. J. ...**  
 (Address) **5421 W. 46th St.**

**15.**

FILED **24 1928**  
**Marie Staroboff**  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 22 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Aug**, 19**28**, to **Oct 22**, 19**28**  
 that I last saw her alive on **Oct 22**, 19**28**, and that death occurred, on the date stated above, at **7 a**.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Rectal carcinoma**

CONTRIBUTORY (SECONDARY) **Intestinal Obstruction due to carcinoma**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH... **St Louis**

1 DID AN OPERATION PRECEDE DEATH... **Yes** DATE OF **Oct 10 28**

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Physic Exam**

(Signed) **J. J. ...** M. D.

, 19 (Address) **3400 Carey**

\*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**

**S. S. Peter & Paul**

**DATE OF BURIAL**

**Oct 25 1928**

**20. UNDERTAKER**

**Central Ind Co**

**ADDRESS**

**1841 Cass**

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.

