

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

Do not use this space.

10998

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1008
 City St. Louis No. 5203 Wells Ave St. Ward)

File No.
 Registered No. 3076

2. FULL NAME Mrs. Jennie Polidour

(a) Residence, No. 5203 Wells Ave St., 6 Ward. (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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 - 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 ~~90~~ 5 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio 2

13. NAME William Polidour

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 12

15. MAIDEN NAME Chara Schulte

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Robert Polidour
5203 Wells Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE March 30 1932

19. UNDERTAKER (ADDRESS) Chas. J. Ganssler & Son
1259 1/2 N. 1st St.

20. FILED MAR 30 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1932

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1928, to March 26, 1932
 I last saw her alive on March 26, 1932 Death is said to have occurred on the date stated above, at 5:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Cardiac Failure Date of onset March 25 1928
98B
162 98

Other contributory causes of importance: Senile degeneration of leg
General senility

Name of operation Date of
 What test confirmed diagnosis? physical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Dr. John P. Murphy M. D.
 (Address) 2616 N. Kingshighway

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.

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