

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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No. 791
Primary Registration District No. 1003
St. Anthony Hospital

File No. 10934
Registered No. 2787 St. Ward)

2. FULL NAME Holland Rudolph Polak

(a) Residence, No. 4034 Wyoming Street St. 16 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adele Polak		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 30, 1883		
7. AGE YEARS 51	MONTHS 1	DAYS 19
IF LESS than 1 day, hrs. or min.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Lawyer**

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)
Dallas, Texas

13. NAME **Jacob R. Polak**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Holland

15. MAIDEN NAME **Alice Cohen**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Savannah, Georgia

17. INFORMANT (ADDRESS)
Adele Polak
4034 Wyoming Street

18. BURIAL, CREMATION, OR REMOVAL PLACE **Ironton, Mo.** DATE **March 22nd, 1934**

19. UNDERTAKER (ADDRESS)
Wick Bros.
2201 S. Grand Boulevard

20. FILED **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 19th, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Mar. 19, 1934** to **Mar. 19, 1934**
I last saw him alive on **March 19, 1934** Death is said to have occurred on the date stated above, at **11:00 P.M.**
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
82A 822 a

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? **clinical** Was there an autopsy? **No**

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? **No**
If so, specify.....
(Signed) **W. Unterberg** M.D.
(Address) **325 Frisco Bldg. St. Louis**
(W. Unterberg)

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.

OCCUPATIONS
MOTHER FATHER

Frison 2014

No 5104

1-3 P.M