

MAY 25 1934

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

Do not use this space.

14377

## 1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City St. Louis (No. Jewish Hospital)

File No. ....  
Registered No. **3551** St. .... Ward)

## 2. FULL NAME

Ala. Polishuk  
(a) Residence, No. 5816 Theodosia St., 6 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

|  |  |  |          |   |
|--|--|--|----------|---|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Divorced</u> |          |   |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Divorced</u>              |  |  |          |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Unknown</u>                                    |  |  |          |   |
| 7. AGE   | YEARS  | MONTHS   | DAYS     | IF LESS than 1 day, ..... hrs. or ..... min.                      |
|  | <u>53</u>  | <u>-</u>   | <u>-</u> |   |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Salesman</u> |  |          |   |
|  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Cigar</u>             |  |          |   |
|  | 10. Date deceased last worked at this occupation (month and year)<br><u>April 9 1934</u>                       |  |          |   |
|  |  |  |          | 11. Total time (years) spent in this occupation.<br><u>35 yrs</u> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Russia</u>                            |  |  |          |   |
| FATHER   | 13. NAME <u>Meyer L. Polishuk</u>  |  |          |   |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Russia</u>  |  |          |   |
|  | 15. MAIDEN NAME <u>Ida Margulis</u>  |  |          |   |
| MOTHER   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Russia</u>  |  |          |   |
|  | 17. INFORMANT <u>Harry Polishuk</u><br>(ADDRESS) <u>721 1/2 Lemet</u>  |  |          |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chesed Shel Smith</u> DATE <u>Apr - 9 1934</u>    |  |  |          |   |
| 19. UNDERTAKER <u>Openhander Funeral Directors</u><br>(ADDRESS) <u>4467 Washington Blvd.</u> |  |  |          |   |
| 20. FILED <u>13</u> <u>19</u> <u>19</u> <u>34</u><br><u>J. Brebeck</u><br>Registrar.         |  |  |          |   |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/8 1934  
22. I HEREBY CERTIFY, That I attended deceased from 4/7, 1934, to 4/8, 1934  
I last saw him alive on 4/8, 1934. Death is said to have occurred on the date stated above, at 10:25 p.m.  
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia  
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Other contributory causes of importance:

Name of operation None Date of .....  
What test confirmed diagnosis? ..... 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?  
If so, specify ..... no

(Signed) Harry Egress M. D.  
(Address) Jewish Hospital, St. L. 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.

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