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

OCT 17 1934

Do not use this space.

33885

1. PLACE OF DEATH
County St. Charles — Registration District No. 757 — File No.
Township — Primary Registration District No. 3036 — Registered No. 167
City St. Charles (No. 731 Monroe St. Ward)

2. FULL NAME Samuel H. Polski
(a) Residence, No. 731 Monroe St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 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 (write the word) married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leah Polski
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1829
7. AGE YEARS 55 MONTHS 4 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retail
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) Poland

FATHER
13. NAME Abraham Polski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Henrietta (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Walton J Commer St Louis Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Bnai Amoona University City DATE 9/27 1934
19. UNDERTAKER (ADDRESS) H B Berger 4715 McPherson St. Louis Mo
20. FILED 9/25 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 1934
22. I HEREBY CERTIFY, That I ~~attended~~ deceased from Held Inquest Sept 25 1934 19
~~I last saw h alive on 19 Death is said~~
to have occurred on the date stated above, at about 3:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental poisoning by illuminating gas	Sept 25 1934

Other contributory causes of importance: none

Name of operation none Date of none
What test confirmed diagnosis? Inquest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury none
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury accidental inhaling of gas
Nature of injury Poisoning by gas inhalation

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) Will L Freeman, M. D.
(Address) St Charles Mo