

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

APR 9 1935

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

Do not use this space.

10783

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis, Mo.* (No. *St. Louis Children's Hosp.*) Ward.....
Registered No. **2403**

2. FULL NAME

(a) Residence, No. *8947 Edgewood St.* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>8-16-34</i>		
7. AGE YEARS	MONTHS	DAYS
	<i>6</i>	<i>23</i>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Chief</i>	
	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) <i>St. Louis, Mo.</i>		
FATHER	13. NAME <i>Alphonse Polick</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Dritcher Giesecke</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>H. Blum</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Friedens</i> DATE <i>March 14, 1935</i>		
19. UNDERTAKER (ADDRESS) <i>Math. Hermann and Son</i> <i>1261 East Fair Ave.</i>		
20. FILED <i>13 1935</i> 19 <i>35</i> <i>Joe J. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-11-1935*

22. I HEREBY CERTIFY, That I attended deceased from *3-10-1935* to *3-11-1935*

I last saw him alive on *3-11-1935* Death is said to have occurred on the date stated above, at *7 p.m.*

The principal cause of death and related causes of importance were as follows:
Lobar pneumonia

Other contributory causes of importance:
Secondary anemia

Date of onset *5-6-35*

Feb. 15 1935

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) *Keller Mack*, M. D.
(Address) *555 S. 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.

