

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.

DEC 3 1936

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

Do not use this space.

42972

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 4157 W, Pine Blvd.)

File No.
Registered No. 11545
St. Ward)

2. FULL NAME Phillip Pollack

(a) Residence, No. 4157 W. Pine Blvd. St. 19 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Pollack</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13, 1859</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>4</u>
		DAYS
		<u>6</u>
		If LESS than 1 day,hrs. ormin.

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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dallas Texas</u>
	13. NAME <u>Samuel Pollack</u>

FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Mary Winters</u>

MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT <u>Siegfried Pollack</u> (ADDRESS) <u>4157 W. Pine Blvd.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus</u> DATE <u>Nov. 21, 1936</u>

19. UNDERTAKER <u>Wagoner Undertaking Co.</u> (ADDRESS) <u>3621 Olive St.</u>
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20. FILER <u>J. P. Bredeck</u> Registrar.
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NOV 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>11-19, 1936</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 3, 1936</u> , to <u>Nov. 19, 1936</u>
I last saw him alive on <u>Nov. 19, 1936</u> Death is said to have occurred on the date stated above, at <u>4:25 P. m.</u>
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Nov. 1, 1936
Chronic myocarditis 1935

Other contributory causes of importance: <u>none</u>	Date of onset
Name of operation <u>none</u>	Date of
What test confirmed diagnosis?	Was there an autopsy? <u>no</u>

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? <u>No.</u>
If so, specify..... (Signed) <u>Norton John Overholt, M. D.</u> (Address) <u>4129 Washington Bl.</u>

W. E. Wood
412 9th Avenue, New York