

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No.)Barnes Hospital St.

File No. 10779

Registered No. 3350

2. FULL NAME Gus Polaski

(a) Residence, No.

(Usual place of abode)

1216 State St.

St.

NR Ward.Madison Ill

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs.

mos. 4 mos

yrs.

How long in U. S., if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Missian Polaski6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

about 40

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Labour10. Date deceased last worked at this occupation (month and year) Dec 3011. Total time (years) spent in this occupation 2012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburgh Pa

MOTHER / FATHER

13. NAME Gus Polaski14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland15. MAIDEN NAME Caroline Bzenski16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland17. INFORMANT Isiah Petroff(ADDRESS) Madison Ill

18. BURIAL, CREMATION, OR REMOVAL

PLACE MadisonDATE Mar 27 193719. UNDERTAKER M. E. Lakey(ADDRESS) 5-21 Madison - Madison20. FILED MAR 26 1937

19

J. Bredeckl

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 193722. I HEREBY CERTIFY, That I attended deceased from 3-25-37, 19... to 3-25-37, 19...I last saw him alive on 3-25-37, 19... Death is said to have occurred on the date stated above, at 9:20 P. m.

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

Carcinoma of pharynx
Secondary Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation None Date ofWhat 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? no

If so, specify

(Signed) W Russell Smith

M. D.

(Address) 811 N. 2nd St. St. Louis

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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