

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

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.

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

Do not use this space.

SEP 10 1937

28752

1. PLACE OF DEATH

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

Registration District No. 791  
Primary Registration District No. 1003  
3516 Miami

File No. ....  
Registered No. 7385  
St. .... Ward)

2. FULL NAME Warren Pollock.

(a) Residence, No. 3514 Grace Ave. St. 16 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amelia Pollack</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 25th, 1881.</u>		
7. AGE <u>55</u>	YEARS <u>8</u>	MONTHS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Moser Box Co.</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 2<sup>nd</sup> 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1<sup>st</sup> 1937 to August 2<sup>nd</sup> 1937.  
I last saw him alive on Aug 2<sup>nd</sup> 1937 Death is said to have occurred on the date stated above, at 555  
The principal cause of death and related causes of importance were as follows:  
Cancer Oesophagus Date of onset  
HO  
Other contributory causes of importance:  
Severe Exhaustion  
Name of operation Gastrotomy Date of Aug 6<sup>th</sup> 1937  
What test confirmed diagnosis? — Was there an autopsy? ye

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) Arthurs, M. D.  
(Address) 1450 S. Grand Ave. St. Louis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME John Pollack

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Amelia Pollack  
(ADDRESS) 3514 Grace Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE S. S. Peter-Paul DATE Aug. 5- 1937

19. UNDERTAKER Wacker-Helderle  
(ADDRESS) 237 S. Broadway

20. FILED AUG 4 - 1937  
J. Bredeck  
Registrar.

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