

Registration District No. **701**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1003**  
(a) County \_\_\_\_\_ **2**  
(b) City or town **St. Louis.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1710 Geyer**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **45 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **1**  
(c) City or town **St. Louis** **23**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1710 Geyer** (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Charles F. Polepil 414**  
(b) If veteran, name war **No** (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary Polepil** 6. (c) Age of husband or wife if alive **55** years  
7. Birth date of deceased **April, 18, 1882**  
(Month) (Day) (Year)

8. AGE: Years **55** 7 Months **7** 4 Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Czechoslovakia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **7**  
12. Name **Karel Polepil** **9**  
13. Birthplace **Czechoslovakia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mary Polepil**  
(b) Address **1710 Geyer Ave.**

17. (a) **Cremation** (b) Date thereof **Nov. 25-39**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **Wm. C. M. Oydell**  
(b) Address **1926 Allen Ave.**

19. (a) **NOV 24 1939** (b) **J. F. Buddeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **22**  
year **1939** hour **about 9** minute **30** M.

21. I hereby certify that I attended the deceased from **Oct 18**  
19**39**, to **Oct Nov 22**, 19**39**  
that I last saw him alive on **Nov 20**, 19**39**  
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial infarction by this perforation of the left ventricle of the heart** } Duration **10 yrs**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
**1 2 1**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Phyllis G. Warner** (M. D. or other)  
Address **10019** Date signed **Nov 24 39**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Benj. C. Duncan  
Licensed Embalmer No. 2272  
P. O. Address 1926 Allen

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**