No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24687

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 812

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County BUCHANAN 3
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs, 5 mos 4 ds. (Specify whether
In this community ~~[illegible]~~ (?) years, months or days) 426

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 3100 Euclid
(If rural, give location)
(e) If foreign born, how long in U. S. A.? (?) 28 years.

3. (a) PRINT FULL NAME Mathew S. Polekretes

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex male | 5. Color or race white | 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased ? (Month) ? (Day) 1898 (Year)

8. AGE: Years 42 | Months 2 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace Greece (City, town, or county) — (State or foreign country)

10. Usual occupation cook

11. Industry or business

FATHER
12. Name no
13. Birthplace information (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Jimmie Premino
(b) Address 3100 Euclid, K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1940 (Month) (Day) (Year)
(c) Place: burial or cremation State Hosp #2

18. (a) Signature of funeral director C. R. Sedenfocker
(b) Address 602 S 10 St. St. Joseph Mo.

19. (a) July 29 1940 (Date received local registrar) (b) H J Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1940 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 22, 1938 to July 26, 1940 that I last saw him alive on July 26, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho pneumonia	5 days
Due to marked emaciation	?
Due to syphilitic meningo encephalitis	9 yrs.
Other conditions blind (Include pregnancy within 3 months of death)	

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Major findings:
Of operations no operation
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? 85 (Specify type of place)
While at work? (e) Means of injury

23. Signature T. T. O'Dell (M. D. ~~or other~~) MC
Address St Joseph Date signed 7/27/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Not Embalmed.

.....Registered Apprentice No.....

working under my personal supervision.

Signed B. V. West.

Licensed Embalmer No. 3876

P. O. Address St Joseph Mo

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, fact should be so stated above.