S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26797

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6693

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits write "RURAL")

(d) Street No. 2625a Armand Place
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Peter Polacek 422

3. (b) If veteran, name war nil

3. (c) Social Security No. 702-16-3642

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ernestina Polacek

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 2, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	0	4	hr. min.

9. Birthplace (City, town, or county) Slovakia 7 (State or foreign country)

10. Usual occupation Carman

11. Industry or business

FATHER
12. Name Michael Polacek
13. Birthplace (City, town, or county) Slovakia 7 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Trubacek
15. Birthplace (City, town, or county) Slovakia 7 (State or foreign country)

16. (a) Informant Ernestina Polacek
(b) Address 2625a Armand Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9-40 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul

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

19. (a) AUG 6 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1940 hour 5: minute 30 A. M.

21. I hereby certify that I attended the deceased from July 25, 1940, to August 6, 1940;
that I last saw him alive on August 6, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Chronic Myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. W. Farley (M. D. or other) M. D.
Address 1755 S. Grand Date signed 8/6/40

(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.....

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

working under my personal supervision.

Signed A. H. Jansky

Licensed Embalmer No. 4149

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.