

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8877**
Registrar's No. **2287**

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
1861 N. Market Street
(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)

In this community **45 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mayme Mercer Poleski**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Ben Poleski**

6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **May 18th 1889**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51 9 23 hr. min.

9. Birthplace **Belleville** / **Ills**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER {

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Ben Poleski**

(b) Address **1861 N. Market**

17. (a) **Burial** (b) Date thereof **3/14/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters**

18. (a) Signature of funeral director **W. J. Buddeck**

(b) Address **St. Louis, Mo. 64114**

19. (a) **MAR 12 1941** (b) **J. W. Buddeck**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")

(d) Street No. **1861 N. Market Street**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **11th**
year **1941** hour **8** minute **50** P. M.

21. I hereby certify that I attended the deceased from **Dec 20**, 19**40** to **March 11**, 19**41**; that I last saw her alive on **March 11**, 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Stomach** Duration **2 mo's**

Due to **H&F**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **Cancer of Stomach**

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 **Allen H. Roe** (M. D. or other) **MD**
Address **2712 a N. 14th St** Date signed **3/12/41**

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.....

Homer L. Ponder

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis*

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.

11/11/24