

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1941 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23596
Registrar's No. 5938

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Jewish Hospital
(d) Length of stay: In hospital or institution 27 years 0
In this community 27 years 0

3. (a) PRINT FULL NAME Ida Sirota Polonsky
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Jacob Polonsky
6. (c) Age of husband or wife if alive unk abt 1866
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years abt 75 Months _____ Days _____ If less than one day hr. _____ min. _____
9. Birthplace Kisheneff U.S.S.R.

10. Usual occupation At Home

11. Industry or business _____
12. Name Moses Aron Kronfeld
13. Birthplace U.S.S.R.
14. Maiden name Sprintzy
15. Birthplace U.S.S.R.

16. (a) Informant V. Graber
(b) Address 736 Harvard Ave.
17. (a) burial (b) Date thereof 7/21/41

(c) Place: burial or cremation Chesed Sheemetz
18. (a) Signature of funeral director George McPherson
(b) Address 7713 McGilchrist
19. (a) JUL 27 1941 (b) [Signature]

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 1438 E. Grand
(e) Citizen of foreign country? Alien
If yes, name country 27 years 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 20
year 1941 hour 14 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 5
1941 to July 20 1941
that I last saw her alive on July 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 days
Due to Central Hemorrhage 16 days
Due to Septicemic heart disease year
Other conditions arteriosclerosis 16 days

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 000
(b) Date of occurrence July 19 1941
(c) Where did injury occur? at home
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) _____
(e) Means of injury slipped and fell on floor
23. Signature Wallace Rindshoff (M. D. or other) NO
Address Jewish Hospital Date signed 7/24/41

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

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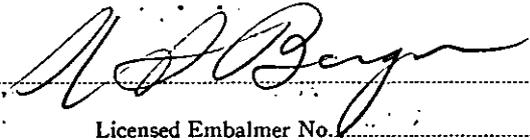
STATEMENT BY LICENSED EMBALMER

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.....



..... Licensed Embalmer No.....

P. O. Address.....

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.