

FILED DEC 29 1942 18
 Registration District No. 1003

Primary Registration District No. 1003 Registrar's No. 10600

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... St. Louis.
 (c) Name of hospital or institution:
1120 Montgomery St.
 (d) Length of stay: In hospital or institution.....
 In this community 40 Years.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County.....
 (c) City or town St. Louis.
 (d) Street No. 1120 Montgomery St.
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Herman Pollack
 (b) If veteran, name war No.
 (c) Social Security No. None.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 19
 year 1942 hour 5:30 A.M. minute..... M.
 21. I hereby certify that I attended the deceased from July 10
 1942 to Dec. 19 1942
 that I last saw him alive on Dec. 18 1942
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed.
 (b) Name of husband or wife..... (c) Age of husband or wife if alive..... years
Late Mathilda Pollack. January 22 1968

Immediate cause of death..... Duration
Myocardial Stenosis 8 yrs
Arteriosclerosis
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
74 10 27 hr. min.

9. Birthplace Germany. (City, town, or county) (State or foreign country)
 10. Usual occupation Retired
 11. Industry or business International Shoe Co.

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

MOTHER FATHER {
 12. Name Unknown.
 13. Birthplace U.S. Germany. (City, town, or county) (State or foreign country)
 14. Maiden name Unknown.
 15. Birthplace Germaby. (City, town, or county) (State or foreign country)

16. (a) Informant Emma Bertelsmeyer
 (b) Address 1120 Montgomery St.
 17. (a) Burial (b) Date thereof 12-22-42
 (c) Place: burial or cremation Friedens Cem.
 18. (a) Signature of funeral director Hy. Leidner Und. Co.
 (b) Address 2223 St. Louis Ave.
 19. (a) DEC 20 1942 (b) J. F. Brudack
 (Date received local registrar's certificate) (Registrar's signature)

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 Herman R. Winters (M. D. or other)
 Address 2728 N. 11. St Date signed 12.19.42

10600

11/24/4 St. Louis 1-3 (P.M.)

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.....

John P. Bushholz

Licensed Embalmer No. *1674*

P. O. Address. *2328 St. Louis Ave*

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.