

ED APR 28 1943

3615

Registration District No.

319

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BARNES 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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike  
(c) City or town Perry  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country L

3: (a) PRINT FULL NAME ROBERT POLLEY

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Polley 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August 16 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 8 1 hr. min.

9. Birthplace Pittsfield Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

12. Name Henry Polley

13. Birthplace Conn  
(City, town, or county) (State or foreign country)

14. Maiden name Eunice Miner

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

16. (a) Informant Charles F. Burrus  
(b) Address East St. Louis, Ill.

17. (a) Permit (b) Date thereof Apr. 17 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perry, Ill.

18. (a) Signature of funeral director Charles Burrus  
(b) Address East St. Louis, Illinois

19. (a) Apr 18 1943 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR. day 17  
year 1943 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from MARCH  
25 1942, to APRIL 17 1943.

that I last saw him alive on APRIL 17 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Pelvic thrombosis - phlebitis - post-operative Duration \_\_\_\_\_

Due to unconnected section of benign hyperplasia of prostate

Due to \_\_\_\_\_

Other conditions Generalized arteriosclerosis - melanosis

Major findings: Of operations Benign hyperplasia of prostate 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) Means of injury \_\_\_\_\_

23. Signature Charles Burrus (M. D. or other) \_\_\_\_\_

Address BARNES HOSPITAL Date signed 4-17-43

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..... *Chas. H. Lewis*  
Licensed Embalmer No..... *3162*  
P. O. Address..... *East St. Louis Ill*

**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.**