

S. No. 2
DM-2-43
5-17-49
I X 554

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26975

State File No. 7830

SEP 11 1949
Registration District No. 318

Primary Registration District No. 1002

Registrar's No.

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 Enroute to Home 3 Phillips Hosp
(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) 20 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
178

(c) City or town ST LOUIS 916
(If outside city or town limits, write "RURAL")

(d) Street No. 603 S. Theresa Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME JAMES I. POLK

3. (b) If veteran, name war No.

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28
year 1949 hour _____ minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race C. 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1-1-1901
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
42 7 27 hr. _____ min.

Immediate cause of death Compounded fracture of skull and laceration of brain when he was struck by a tubular Pacific Bulch. Engine managed by Ernest Reming Edman John Kilderey Foreman
Due to 10:12 AM Aug 28, 1949, 30 feet
Wreck of Grand Ave. Vandalism
Other Tubular Pacific Bulch. Right of Way
(Include pregnancy within 3 months of death)

9. Birthplace TEXAS!
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business ZACK POLK

12. Name TEXAS!

13. Birthplace _____ (State or foreign country)

14. Maiden name Little Woods

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

Major findings: Of operations 10/1
Of autopsy 30

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (e) Informant Little Woods

(b) Address 603 S. Theresa Ave

17. (a) BURIAL (b) Date thereof 9-1-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Deibson

18. (a) Signature of funeral director Bernie Lane
(b) Address 3103 Washington

19. (a) SEP 1 1949 (Date recorded kept register)
J. J. Brubaker (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence Aug 28 1949

(c) Where did injury occur? St Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industry

While at work? yes (Specify type of place) (a) Means of injury brain

23. Signature Thomas J. Callender (M. D. or other)
Address Deputy Coroner Date dictated 9/1/49

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

MOTHER FATHER

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.....

Arthur L. Hilliard

Licensed Embalmer No. *42210*

P. O. Address *4219th E. Taylor*

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.