

FILED MAY 9 1944

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3875**

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

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: St. John's Hospital.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 mos. 24 days.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 000
 (c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1118 N Grand Blv'd.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rev. Father Walter Polk.
 3. (b) If veteran, None. name war _____
 3. (c) Social Security No. None.
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single.
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 9, 1872.
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 24
 year 1944 hour 1 minute 10 P. M.
 21. I hereby certify that I attended the deceased from April 20
 1944, to April 24 1944
 that I last saw him alive on April 24 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Hyperleucemia blood chem 40
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: ✓
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>5</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace New Orleans.
(City, town, or county) (State or foreign country)

10. Usual occupation Priest.

11. Industry or business Unknown.

12. Name Unknown.

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

14. Maiden name Unknown.

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

16. (a) Informant Bro. Martin Barry

(b) Address Burial. 1118 N Grand Blv'd.

17. (a) _____ (b) Date thereof Apr. 27, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkwood Mo. Redempt

18. (a) Signature of funeral director E. J. Quinn.

(b) Address 1389 Union Blv'd.

19. (a) APR 26 1944 (Date received local registrar)
J. F. Brubaker (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)
 Did injury occur in or about home, on farm, in industrial place, in public place? Yes
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Chow Miller (M. D. or other)
 Address 408 Juniper St Date signed 4/26/44

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

Clement M. May

Licensed Embalmer No.

3732

P. O. Address

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.