

Registration District No. 9 1848

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

- (a) County _____
 (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:
3656 Blow St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 53 Years In St Louis
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME JOSEPH POLATA

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Polata 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased April 6 1873
 (Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 26 If less than one day hr. _____ min. _____9. Birthplace Bohemia (City, town, or county) (State or foreign country)10. Usual occupation Retired11. Industry or business Butcher

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Bohemia (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Polata
(b) Address 3656 Blow St.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum18. (a) Signature of funeral director Thorndike & Son
(b) Address 2906 Gravois Ave.
19. (a) MAY 29 1944 (Received local registrar) (b) Jr. J. Breeseck (Registrar's signature)

3. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3656 Blow St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1944 hour 6 30 A.M. minute _____ M.21. I hereby certify that I attended the deceased from Sept. 4 1943 to May 26 1944
that I last saw him alive on May 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism Duration 1 day
 Due to Hemiplegia
Hypertension
 Due to Atherosclerosis 1942
myocardial infarction
 Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings: none of the above
 Of operations none
 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) no
 (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 Jr. J. Breeseck (M. D. or other) MD
Address 2767 Morris Date signed 5-27-44

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.....

David Van Tassan

Licensed Embalmer No. *4272*

P. O. Address *2906 Gravia*

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, above space should be left blank.