

**FILED** MAY 16 1946

Registration District No. 37 Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
723 Westgate  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 4 1/2 years \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME HARRY POLLECK  
3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex Males 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fannie Polleck 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased March 16 1883  
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Odessa Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Abraham Polleck

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

14. Maiden name Anna (Unk)

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

16. (a) Informant Mrs. Ben Stipelman

(b) Address 6431 Cates Avenue

17. (a) Burial (b) Date thereof 5/5/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Avenue

19. (a) 5-6-46 (b) E. B. McPherson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 723 Westgate  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4  
year 1946 hour 2-3 minute 9 A.M.

21. I hereby certify that I attended the deceased from Nov 1941  
to May 46, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him alive on 11/24/46, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration Acute

Due to Coronary disease associated with severe myocarditis several years

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.

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 Thomas C. Preece (M.D.) or other \_\_\_\_\_  
Address 4660 Maryland Date signed 5/4/46

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

18843

MAY 23 1965

**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.....

*Quiro A. Judurg*

Licensed Embalmer No. 4229

P. O. Address.....

**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.**