

FILED MAY 16 1946  
318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Baptist Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

2. 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. 2216 Osage Street.  
(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 1  
year 1946 hour 7.20 minute P M.

21. I hereby certify that I attended the deceased from  
Jan. 5, 1946 to May 1, 1946;  
that I last saw him alive on May 1, 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pneumonia, bronchal. Duration 4 days

**Chronic Nephritis with Hyper  
Arteriosclerosis with Hypertension**  
Due to

Other conditions  
(Includes pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
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?  
(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 W. DeLoobury (M. D.)  
Address 2924 So Grand Date signed 5/3/46

3. (a) PRINT FULL NAME Charles Pollack.

3. (b) If veteran, name war No 3. (c) Social Security No. 490-01-1460

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

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased February 11 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 2 20 hr. min.

9. Birthplace St Louis Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business

12. Name Joseph Pollack

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

14. Maiden name Anna Korando

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

16. (a) Informant Elizabeth Pollack

(b) Address 2216 Osage Street.

17. (a) Burial (b) Date thereof 5/4/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Wm E. Myself

(b) Address 1926 Allen Av.

19. (a) MAY 1946 (b) J. F. Brodeur  
(Date received local registration) (Registrar's signature)

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

MOTHER FATHER

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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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Benny A. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

**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.**