

No. 2
-1/47
5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29410**
Registrar's No. **7636**

FILED AUG 21 1947 **318**
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution..... **Jewish Hospital**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis**

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **610 Hamilton Ave.**
5 (If rural, give location)

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

3. (a) PRINT FULL NAME..... **TILLIE POLLACK**

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex..... **Female** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Jacob M. Pollack**

6. (c) Age of husband or wife if alive..... **65** years

7. Birth date of deceased..... **March 21 1884**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	4	20 hr. min.

9. Birthplace..... **Lithuania**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At home**

11. Industry or business.....

12. Name..... **Aaron Padratzik**

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

14. Maiden name..... **Unknown**

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

16. (a) Informant..... **Mr. J. M. Pollack**

(b) Address..... **610 Hamilton Ave.**

17. (a) **Burial** (b) Date thereof..... **8-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Beth Hamedrosh Hagadol**

18. (a) Signature of funeral director..... **Herman Padratzik, Inc. Cem.**

(b) Address..... **5216 Delmar Blvd.**

19. (a) **AUG 12 1947** (b) **J. F. Bradesk**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **August** day..... **10**
year..... **1947** hour..... **2** minute..... **P. M.**

21. I hereby certify that I attended the deceased from **Aug. 6**, 19**47**, to **Aug. 10**, 19**47**, that I last saw her alive on **Aug. 10**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death..... **Heart's exhaustion**

Due to..... **Arthritis Deformans**

Due to..... **59**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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..... **Herman M. Thayer** (M. D. or other) **no**
Address..... **508 N. Grand** Date signed..... **8/11/47**

Duration **4 days**

5 yrs -

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....

John Ketter
Licensed Embalmer No. *3880*

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.