No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2961

FILED JAN 22 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 283

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: St. Louis City Hospital-Max C. Starkloff Memorial
(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: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 1745 Dolman Street 9
(If rural, give location)

(e) Citizen of ~~foreign~~ U.S. country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: JOHN POLAK

3. (b) If veteran, name war

3. (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: Pauline Polak

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

7. Birth date of deceased: April 11 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	8	27	hr. min.

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

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: John Polak
13. Birthplace: Czechoslovakia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Pauline Polak
(b) Address: 1745 Dolman Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-10-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: New Picker Cemetery

18. (a) Signature of funeral director: Mogdell Mnd. Co.
(b) Address: 1926 Allen Avenue

19. (a) JAN 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8th year 1948 hour 2 minute A M.

21. I hereby certify that I attended the deceased from 12/28/47, 19..., to Jan 8th, 19 48 that I last saw him alive on Jan 8th, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension Arteriosclerotic heart disease

Due to:

Due to:

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

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: C. K. Park (M. D. or other)
Address: 1515 Lafayette Date signed 1/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.