No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 11 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6887

Primary Registration District No. 1003

Registrar's No. 1902

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 060

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

(d) Street No. 3508 a Cozens
(If rural, give location)

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

3. (a) PRINT FULL NAME: Jack Polk

3. (b) If veteran, name war: —

3. (c) Social Security No.: Unk

4. Sex: Male

5. Color or race: Col

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Jan (Month) 23 (Day) 1895 (Year)

8. AGE: Years 53 Months 0 Days 28 If less than one day hr. min.

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

10. Usual occupation: Pool Room Operator

11. Industry or business:

MOTHER FATHER

12. Name: Jack Polk

13. Birthplace: Bolivar (City, town, or county) Tenn (State or foreign country)

14. Maiden name: Adeline Brown

15. Birthplace: Bolivar (City, town, or county) Tenn (State or foreign country)

16. (a) Informant: Hattie Wallace

(b) Address: 3508a Cozens ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood

18. (a) Signature of funeral director: J. W. Randolph

(b) Address: 3133 Bell ave

19. (a) FEB 24 1948 (Date received by Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1948 hour 1 minute 30 a. M.

21. I hereby certify that I attended the deceased from Feb. 5, 1948 to Feb. 21, 1948 that I last saw him alive on Feb. 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
KIDNEY — Polycystic	Undet.
Due to	
Due to	
LUNGS — Confluent Bronchial Pneumonia	

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Yes

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: Oscar L Daniels (M. D. or other)

Address: 2601 N Whittier Date signed: 2/24/48

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed S. J. Watson

Licensed Embalmer No. 2498

P. O. Address 2769 Sunstream Ave

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.