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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 1318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17939

Registrar's No. 4656

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Jewish Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days (Specify whether
In this community About 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town ~~St. Louis~~ U. City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6609 Enright 5
(If rural, give location)

N.R.

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME SAM POLINSKY

3. (b) If veteran, name war

3. (c) Social Security No. 493-05-6967

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Sara

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

7. Birth date of deceased December (Month) 25 (Day) 1890 (Year)

8. AGE: Years 57 Months 4 Days 23 If less than one day hr. min.

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

10. Usual occupation Grocery clerk

11. Industry or business Retail grocery

FATHER
12. Name Nathan J. Polinsky
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Mary ?
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Theodore Polinsky
(b) Address 747 4a Syracuse (U.C. Mo)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Beth Hasodesh Hagodol

18. (a) Signature of funeral director Openhandler
(b) Address 5010 Enright

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1948 hour 7 minute P M.

21. I hereby certify that I attended the deceased from April, 1947, to May 18, 1948, that I last saw him alive on May 18, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary edema	12 hrs
Due to: Carcinoma, metastatic mediastinal lymph nodes	months
Due to: Carcinoma, bronchogenic rt lung - Primary site	14 mo
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Pneumonectomy May 47

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Llewellyn Sale (M. D. ~~or other~~)

Address 4500 Olive Date signed 5/19/48

(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 W. Z. Oxenhandler

Licensed Embalmer No. 3669

P. O. Address 5010 Enright

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.