

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31862  
Registrar's No. 7995

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>ST. LOUIS MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>ST. LOUIS 2237</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1928<sup>a</sup> SENATE</u>		d. STREET ADDRESS (If rural, give location) <u>1928<sup>a</sup> SENATE</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>L.</u>	c. (Last) <u>POLAK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 19 1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 18 1884</u>	9. AGE (In years last birthday) <u>66</u>	10. MONTHS UNDER 1 YEAR	11. DAYS UNDER 1 YEAR	12. HOURS UNDER 1 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>WILLIAM POLAK</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>GESINA POLAK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>491-18-0912</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GESINA POLAK</u>	ADDRESS <u>1928<sup>a</sup> SENATE</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 yrs</u> <u>—</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia bronch</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchiectasis</u> DUE TO (c) <u>arterio sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>526X</u>
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22. I hereby certify that I attended the deceased from 1947 to 9/20, 1950 that I last saw the deceased alive on Sept 14, 1950 and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Michael</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>812 Olive</u>	23c. DATE SIGNED <u>9/21/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept. 22, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
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DATE REC'D BY LOCAL REG. <u>SEP 21 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Casater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kuter</u>	ADDRESS <u>2906 Genoa</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

812 O'Keefe  
Box 4004V

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed James C Dill.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Travis

**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.