

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35229

8721

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2117	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 4674² EASTON AVE.			
3. NAME OF DECEASED (Type or Print) a. (First) Susie		b. (Middle)		c. (Last) Polk		4. DATE OF DEATH (Month) (Day) (Year) October 13, 1950	
5. SEX FEMALE		6. COLOR OR RACE 3 colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-12-1905	
9. AGE (In years last birthday) 45		10. UNDER 1 YEAR Months Days 8 1		11. BIRTHPLACE (State or foreign country) PORT GIBSON MISS		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME GEO. MARSHALL		13b. MOTHER'S MAIDEN NAME FRANCIS STREET	
13c. NAME OF HUSBAND OR WIFE JOHN POLK		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME John Polk		18. ADDRESS 4674 Easton		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, asthenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis, primary site, ovary							
DUE TO (c)							
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
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? 175X			
22. I hereby certify that I attended the deceased from Oct. 13, 1950 , to Oct. 13, 1950 , that I last saw the deceased alive on Oct. 13, 1950 , and that death occurred at 11:35 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE F.R. Prudley				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 10/13/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT-16-50		24c. NAME OF CEMETERY OR CREMATORY PORT GIBSON		24d. LOCATION (City, town, or county) (State) MISS	
DATE REC'D BY LOCAL REG. OCT 16 1950		REGISTRAR'S SIGNATURE J. B. Linton		25. FUNERAL DIRECTOR'S SIGNATURE A.F. WALTON			
				ADDRESS 2701 STODDARD ST			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Arthur L. Heald

.....

Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address *4049 St Joe*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.