

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40292

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3662

|                                                                                         |  |                                                                                                                                               |  |
|-----------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>                                         |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Vinita Park</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Vinita Park</u>                                                       |  |
| c. LENGTH OF STAY (In this place) <u>34 years</u>                                       |  | d. STREET ADDRESS (If rural, give location) <u>8211 Washington St.</u>                                                                        |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8211 Washington Street</u>                   |  |                                                                                                                                               |  |

|                                                                                                                       |  |                                               |                                                              |                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>EMALINE</u> b. (Middle) <u>TRINACRIA</u> c. (Last) <u>POLLAK</u> |  |                                               | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov. 10 1951</u> |                                                                        |  |
| 5. SEX <u>Female</u>                                                                                                  |  | 6. COLOR OR RACE <u>White</u>                 |                                                              | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |  |
| 8. DATE OF BIRTH <u>Feb. 2, 1872</u>                                                                                  |  | 9. AGE (In years last birthday) <u>79 yrs</u> |                                                              | 10. CITIZEN OF WHAT COUNTRY? <u>0</u>                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>               |  | 10b. KIND OF BUSINESS OR INDUSTRY             |                                                              | 11. BIRTHPLACE (State or foreign country) <u>Saint Louis, Missouri</u> |  |

|                                                                                                          |  |                                              |  |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| 13a. FATHER'S NAME <u>William Settle</u>                                                                 |  | 13b. MOTHER'S MAIDEN NAME <u>Annie Krebs</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Charles Edward Pollak</u>                          |  |
| 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 ADDRESS <u>Chas. E. Pollak, 8211 Washington</u> |  |

|                                                                                                                                                |  |  |                       |  |  |                                  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------|--|--|----------------------------------|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)                                                                         |  |  | MEDICAL CERTIFICATION |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer - Liver primary</u>                                                           |  |  | DUE TO (b)            |  |  | <u>30 days</u>                   |  |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  |  | 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 type="checkbox"/> NO <input checked="" 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) <u>155X</u>                      |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?                                                       |  |

22. I hereby certify that I attended the deceased from Oct 10, 1951, to Nov 9, 1951, that I last saw the deceased alive on 11-9, 1951, and that death occurred at 4:25 a.m., from the causes and on the date stated above.

|                                                                                           |  |                                             |  |                                                                            |  |
|-------------------------------------------------------------------------------------------|--|---------------------------------------------|--|----------------------------------------------------------------------------|--|
| 23a. SIGNATURE <u>Les Miller</u> (Degree or title) <u>MD</u>                              |  | 23b. ADDRESS <u>730 Hodson</u>              |  | 23c. DATE SIGNED <u>11-10-51</u>                                           |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                   |  | 24b. DATE <u>Nov. 13, 1951</u>              |  | 24c. NAME OF CEMETERY OR CREMATORY: <u>Bellefontaine Cemetery</u>          |  |
| DATE REC'D BY LOCAL REG. <u>11-12-51</u>                                                  |  | REGISTRAR'S SIGNATURE <u>Herbert P. ...</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Saint Louis, Missouri</u> |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>TRUTH CENTER MORTUARY, 4024 Lindell Blvd.</u> |  |                                             |  |                                                                            |  |

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

*Dr. Leo Ralkey*

*730 Hammond*  
*St. Louis 1952*

RECEIVED

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Berny Johnson*

Licensed Embalmer No. *4366*

P. O. Address *St. Louis*

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.