

1952 AUG 12 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26680

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2073

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>2059</u>	
b. CITY OR TOWN <u>Paradise Airport Township</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>7 months</u>		d. STREET ADDRESS (If rural, give location) <u>5755 Kingsbury</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH SANATORIUM</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u>		b. (Middle) <u>Polotnick</u>		c. (Last) <u>Polotnick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>4</u> <u>52</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>unk</u>	
9. AGE (In years last birthday) <u>at 63</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>USSR</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Solomon Pollack</u>		13b. MOTHER'S MAIDEN NAME <u>IDA (unk)</u>		14. NAME OF HUSBAND, OR WIFE <u>Jacob</u>	

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>none</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs Blum Blum 5700 Kingsbury</u>	
--	--	-------------------------------------	--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>April 1957</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right kidney with lung metastasis</u>		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>1-80X</u>		DUE TO (b) _____			
		DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerotic heart disease</u>		<u>with many years</u>	
		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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 June 19, 1952, to August 4, 1952, that I last saw the deceased alive on August 4, 1952, and that death occurred at 7 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Alia Simon M.D.</u> (Degree or title)		23b. ADDRESS <u>Jewish Sanatorium, 777 Fee Fee Road, Robertson, Mo.</u>		23c. DATE SIGNED <u>8/4/52</u>	
---	--	---	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>8/5/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chad Shelmet</u>		24d. LOCATION (City, town, or county) (State) <u>Union, Mo.</u>	
---	--	-------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>8-4-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u> ADDRESS <u>4715 Thebeson</u>	
--	--	--	--	--	--

(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 \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student .....  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4339 \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.