

FILED JUN 26 1953

## STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5548**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City 4336</b>	
c. LENGTH OF STAY (In this place) <b>2 WKS</b>		d. STREET ADDRESS (If rural, give location) <b>6318 Cabanne</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 2, 1953</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>PHILIP</b> b. (Middle) <b>J.</b> c. (Last) <b>POLINSKY</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>ab 1885</b> 9. AGE (In years last birthday) <b>ab 68</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>USSR</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Mordecai Polinsky</b>		13b. MOTHER'S MAIDEN NAME <b>Unk.</b>	
14. NAME OF HUSBAND OR WIFE <b>Lottie</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>Unk</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lottie Polinsky</b> ADDRESS <b>6318 Cabanne</b>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the Lung</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. 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)			
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? <b>163X</b>			
22. I hereby certify that I attended the deceased from <b>Dec 1951</b> , to <b>June 2, 1953</b> , that I last saw the deceased alive on <b>June 2, 1953</b> , and that death occurred at <b>7:40 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Michael M. Karl</b> (Degree or title) (or)		23b. ADDRESS <b>3720 Washington</b>	
23c. DATE SIGNED <b>6-3-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6/4/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Beth Hamedrosh Hag.</b>		24d. LOCATION (City, town, or county) (State) <b>Ladue Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 3 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b>		ADDRESS <b>4715 McPherson</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 *Quir's A. Auding*

Licensed Embalmer No. 4229

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

**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.