

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30333

State File No.

7262

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7262**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN JENNINGS	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL					
e. STREET ADDRESS (If rural, give location) 5421 FLETCHER					

3. NAME OF DECEASED (Type or Print) MARY POLOVICH			4. DATE OF DEATH JULY 25 1953		
a. (First)		b. (Middle)		c. (Last)	

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 9-8-1886	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) HUNGARY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME SEBASTIAN BRAUN	13b. MOTHER'S MAIDEN NAME KATHERINE EHRHARDT	14. NAME OF HUSBAND OR WIFE JOSEPH POLOVICH
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ANNA BAUER	ADDRESS 5421 FLETCHER
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) glomerular nephritis years DUE TO (c) diabetes mellitus years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio sclerosis years		
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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 260X

22. I hereby certify that I attended the deceased from **June 17**, 19**53**, to **July 25**, 19**53**, that I last saw the deceased alive on **July 24**, 19**53** and that death occurred at **9 A.** m., from the causes and on the date stated above.

23a. SIGNATURE Roy A. Waether Sr - (Degree or title) M.D.	23b. ADDRESS 2438 Woodson Rd.	23c. DATE SIGNED July 25/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE July 29 1953	24c. NAME OF CEMETERY OR CREMATORY INGLEWOOD PARK	24d. LOCATION (City, town, or county) (State) INGLEWOOD CALIFORNIA
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DATE REC'D BY LOCAL REG. JUL 27 1953	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	ADDRESS 2906 Marois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2, 12 1941

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.....
Signature of Student Embalmer

Signed *James C. Dill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Dr.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.