

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4671

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. 4671 | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. LENGTH OF STAY (in this place) Years | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City Mo 3748 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Helens Hospital | | | | d. STREET ADDRESS (If rural, give location) 711 5306 Holmes | | | |
| 3. NAME OF DECEASED (Type or Print) EMIL | | a. (First) | | b. (Middle) POLLEX | | c. (Last) | |
| 4. DATE OF DEATH (Month) (Day) (Year) 9 23 53 | | 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | |
| 8. DATE OF BIRTH 9-3-1885 | | 9. AGE (In years last birthday) 68 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and State or Foreign Country) Germany | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME Not known | | 13b. MOTHER'S MAIDEN NAME Not known | |
| 14. NAME OF HUSBAND OR WIFE Karel | | 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. unknown | | 17. INFORMANT'S SIGNATURE OR NAME K.C. ADDRESS J E Staples 444 | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mepocytosis cerebri ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized DUE TO (c) 31 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Empyema - Pneumothorax | | | | INTERVAL BETWEEN ONSET AND DEATH 4500 | |
| 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) | | 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 July 1950, to Sep 23, 1953, that I last saw the deceased alive on 9-23, 1953, and that death occurred at 5:20 p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE J E Staples | | | | 23b. ADDRESS 206 W of Kelly | | 23c. DATE SIGNED 9-23-53 | |
| 24a. BURIAL CREMATION REMOVAL (Specify) Burial | | 24b. DATE 9-24-53 | | 24c. NAME OF CEMETERY OR CREMATORY La Monte Cemetery | | 24d. LOCATION (City, town, or county) (State) La Monte Mo | |
| DATE REC'D BY LOCAL REG. 9-28-53 | | REGISTRAR'S SIGNATURE Geraldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Paul M More | | ADDRESS La Monte Mo | |

(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

Paul M. Moore

Licensed Embalmer No. *3423*

P. O. Address *La Monte, Mo*

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.