

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39091

FILED NOV 29 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2637

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. LENGTH OF STAY (in this place) <u>8 yrs</u>	c. CITY OR TOWN <u>University City</u> ⁴³³¹⁶
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>6609 Enright</u>		e. STREET ADDRESS (If rural, give location) <u>6609 Enright</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB</u> b. (Middle) _____ c. (Last) <u>POLINSKY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar.</u>	8. DATE OF BIRTH <u>May 12, 1884</u>
9. AGE (in years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>USSR</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Grocer</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Nathan Polinsky</u>		13b. MOTHER'S MAIDEN NAME <u>Mary (Wnk.)</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie</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>492-32-1524</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Polinsky 6609 Enright.</u>
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		<u>arteriosclerosis, gen.</u> <u>yes</u>	
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?
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>54</u> , to <u>Nov 10, 1955</u> , that I last saw the deceased alive on <u>Nov. 9</u> , 19 <u>55</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Melvin L. Boerman, M.D.</u>		23b. ADDRESS <u>634 N. Grand</u>	23c. DATE SIGNED <u>Nov 10, 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/11/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Beth Hamedrosh Hagodol</u>	24d. LOCATION (City, town, or county) (State) <u>Ladue, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-10-55</u>	REGISTRAR'S SIGNATURE <u>Robert R. Doubrada</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>	

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

9981 7 2 8077

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 J. Anderson*.....
Licensed Embalmer No. *48x*.....

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