No. 300
10.48

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

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3009

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 551

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3866 Marine Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 3866 Marine Ave

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Pollack

4. DATE OF DEATH (Month) (Day) (Year): Jan 17 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 12 1889
9. AGE (In years last birthday): 67 — If under 1 year: Months: Days: If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Concrete Worker
10b. KIND OF BUSINESS OR INDUSTRY: Ornamental
11. BIRTHPLACE (City and State or Foreign Country): St Louis Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Joseph Pollack
13b. MOTHER'S MAIDEN NAME: Anna Korando
14. NAME OF HUSBAND/OR WIFE: Mertie (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: _____
17. INFORMANT'S SIGNATURE OR NAME: E hel R, Toupillit
ADDRESS: 3408 A Montana Av

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of maxillary antrum — INTERVAL BETWEEN ONSET AND DEATH: Feb. 21 1955

Carcinoma of nose (left antrum) (Squamous type)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (Squamous type)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Anaemia (Anemia) — 6 Mo

19a. DATE OF OPERATION: Removal of tumor inside nose
19b. MAJOR FINDINGS OF OPERATION: Removal of tumor inside nose (squamous type)
20. AUTOPSY? YES ☐ NO ☒

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): 191 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-21-55 *to* 1-17-57, *that I last saw the deceased alive on* 1-15-57, *and that death occurred at* 5 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: H.M. Kinner
(Degree or title): M.D.
23b. ADDRESS: 3014 So. Jefferson
23c. DATE SIGNED: Jan. 18 57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/19/56
24c. NAME OF CEMETERY OR CREMATORY: New Picker Cemetery
24d. LOCATION (City, town, or county) (State): St Louis Missouri

DATE REC'D BY LOCAL REG.: JAN 18 '57
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Moydell Funeral Home
ADDRESS: 1926 Allen Av

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Reinhold K. Lohrmann

Licensed Embalmer No. 339

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.