

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED MAR 18 1957

42

1000

253

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		a. STATE Missouri		b. COUNTY Buchanan	
c. FULL NAME OF (IF NOT in hospital, give location) 711 Patee Street		Length of stay in 1b 35 yrs.		c. CITY OR TOWN St. Joseph 01711		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Morris		Middle Pollack		Last Pollack		Month Day Year March 8, 1957.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH About 1872	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocery Merchant		11. BIRTHPLACE (City and state or country) Russia		12. CITIZEN OF WHAT COUNTRY? USAA	
13. FATHER'S NAME Abraham E. Pollack				14. MOTHER'S MAIDEN NAME Rebecca (UNKNOWN)			
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. none		17. INFORMANT (Correct) Address Sam Pollack Kansas City, Missouri.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Anteriorlevar Generalized DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 4201						INTERVAL BETWEEN ONSET AND DEATH 15 MIN	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1941 to 3-8-57 and last saw ^{her} him alive on 2-25-57 Death occurred at 4:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Irvin Rosenthal M.D. O				22b. ADDRESS St. Joseph Mo		22c. DATE SIGNED 3-11-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 10, 1957.		23c. NAME OF CEMETERY OR CREMATORY Sharre Sholem Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri/	
24. FUNERAL DIRECTOR ADDRESS Meierhoffer-Fleeman, Inc., St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. March 13, 1957		26. REGISTRAR'S SIGNATURE Kathleen M. Allison	

(Licensed Embalmer's Statement on Reverse Side)

Health, welfare, public service
 00-56
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Director, coroners, etc. must use only standard diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Albert B. Harington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph

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.