

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-013081

2 2710

STATE FILE NUMBER

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

| | | | | | | | | |
|--|---|---|--|---|--|--|-----------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | | | Length of stay in 1b 13 days | | c. CITY OR TOWN Lemay | | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Brothers Hospital | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 402 Halsey | | |
| 3. NAME OF DECEASED (Type or print) First Ambrose Middle S. Last Polys | | | | 4. DATE OF DEATH Month March Day 7 Year 1960 | | | | |
| 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 4-18-1911 | 9. AGE (last birthday) 48 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days | IF UNDER 24 HR Hours | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Income Investment Co. Hettinger, North Dakota | | 11. BIRTHPLACE (City and state or country) U S A | | 12. CITIZEN OF WHAT COUNTRY | | |
| 13a. FATHER'S NAME Ambrose Polys | | | 13b. MOTHER'S MAIDEN NAME Josephine Burmette | | 14. NAME OF HUSBAND OR WIFE Catherine | | | |
| 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. 5810 | | 17. INFORMANT Address Catherine Polys 402 Halsey Lemay 25, Mo. | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) esophageal varices. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 15 | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cirrhosis of the liver. | | | | | | 60 da | | |
| DUE TO (c) 5810 | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 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 1955 to death and last saw her/him alive on 7 March 60 Death occurred at 12.30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (In blue or black ink) John G. Kellett M.D. | | | | 22b. ADDRESS 2623 Telegraph Rd. | | | 22c. DATE SIGNED 3/8/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE March 10, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | | 23d. LOCATION (City, town, or county) (State) Watson & McKenzie Rd. St. Louis Co Mo. | | | |
| 24. FUNERAL DIRECTOR ADDRESS G. Hoffmeister Mortuaries 7814 S. Broadway | | | | 25. DATE RECD. BY LOCAL REG. MAR 8 1960 | | 26. REGISTRAR'S SIGNATURE Paul Smith, M.D. | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John H. Dennehy

Licensed Embalmer No. 4194

P. O. Address St. Louis

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