MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 3841

Registered No. 1085

1. PLACE OF DEATH

County: St. Louis — Registration District No. 7801

Township: — Primary Registration District No. 1015

City: St. Louis (No. 1010 Bay Ave. St. ... Ward)

2. FULL NAME Johar Polaski

(a) Residence. No. Kingsland & Olive St Rd St., 12 Ward. Univ. City Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Unknown

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
abt 75			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Maintenance
(b) General nature of industry, business, or establishment in which employed (or employer) 260
(c) Name of employer Univ Heights Residents

9. BIRTHPLACE (CITY OR TOWN) Ottawa
(STATE OR COUNTRY) Ills

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) 31

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY) "

14. INFORMANT Wm. F. W. Gesler
(Address) 6935 Wrightwood

15. Jan 28 1931 Filed, 19 Harry C. Vatter Registrar

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany 26 1931

17. I HEREBY CERTIFY, That I attended deceased from Jany 24, 1931, to Jany 26, 1931 that I last saw h. alive on Jany 25, 1931, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Bronchial Pneumonia
73 C
95 B
107 A (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Chr. Cardiac
myocarditis Chronic (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank Hinchey, M. D.
1-27, 1931 (Address) Humboldt Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Memorial Park	Jan 29 1931
20. UNDERTAKER	**ADDRESS**
Alexander & Sons	6175 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

[illegible] Frank [illegible]
[illegible]