

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis, Mo. (No. 5370 Odell) St. Ward

File No. 10072
Registered No. 2633

2. FULL NAME Anna Pollack

(a) Residence, No. 5370 Odell St. 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Pollack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 14 April 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia13. NAME Charles Korando14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Frank Pollack
(ADDRESS) 5370 Odell

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Picker DATE March 8, 193719. UNDERTAKER Don C. Maydell
(ADDRESS) 1926 Allen Ave.20. FILED 19
MAR 7 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 193722. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1937 to Mar 5, 1937I last saw her alive on Mar 5, 1937. Death is said to have occurred on the date stated above, at 1:30p.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset 3-1-37Other contributory causes of importance: La Grippe 2-12-37

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) H. F. Cleveland, M. D.(Address) 5730 Danvers Ave

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.

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