

REC'D JUN 9 1938

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

**16978**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1008**  
 (c) City **St. Louis** (d) Street No. **City Hospital 0.1** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

D. 2591

**2. PRINT FULL NAME**

**Edward Polan**  
 (a) Residence, No. **3008 Victor** St. **17** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bessie Polan**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 18, 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**57 7 6**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **nil**  
 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) **Illinois**13. NAME **Calvin Polan**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unk. Indiana**15. MAIDEN NAME **Olive Lathrop**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**17. INFORMANT (ADDRESS) **Mrs. R. F. Meredith 3008 Victor, St.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Opdyke Illinois** DATE **5-26-38**19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe** (ADDRESS) **429 N Euclid Ave.**20. FILED **MAY 25 1938** **J. D. Brubaker** Local Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/24/38**, 1922. I HEREBY CERTIFY, That I attended deceased from **5/23/38**, 19, to **5/24/38**, 19.I last saw him **live on 5/24/38**, 19. Death is said to have occurred on the date stated above, at **3.15 p.m.**

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

*Bronchogenic carcinoma  
 Erosion into pulmonary artery  
 Fatal pulmonary hemorrhage*

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **yes**23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....Where 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) **W. Maxwell**, M. D.(Address) **City Hospital No. 1**

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.

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed *J. G. Sullivan* .....

Licensed Embalmer No. *1122* .....

P. O. Address .....

**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 this body is not embalmed, above space should be left blank.**