

Registration District No. 791 Primary Registration District No. 1003

FILED JUL 17 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1154 Hamilton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 36 years
years, months or days

3. (a) PRINT FULL NAME Louis Polikoff (POLLACK)
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Beckie Polikoff 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased (Month) (Day) (Year) (unk)

8. AGE: Years Ab. 67 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Mohilev Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Cobbler

11. Industry or business _____

MOTHER FATHER
12. Name Isaac Polikoff
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Mary (unk)
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Polikoff
(b) Address 1154 Hamilton
17. (a) Burial (b) Date thereof 6/11/1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shei Emeth

18. (a) Signature of funeral director H.B. Berger
(b) Address 4715 McPherson
19. (a) JUN 10 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 1154 Hamilton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 36 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 10 day _____
year 1940 hour 6 minute a M.

21. I hereby certify that I attended the deceased from April 10
1936 to June 9 1940

that I last saw him alive on June 9 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration _____

Due to Diabetes mellitus

Due to hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none made

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence _____
(c) Where did injury occur? no injury
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature John C. Brown M. D. or other _____
Address 4578 Washington Date signed June 10 1940

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.....

Licensed Embalmer No.

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.