

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED MAR 13 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **7820**

Registration District No. **318**

Primary Registration District No. **100's**

Registrar's No. **2027**

1. 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:
DePaul Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 9/7
(If outside city or town limits, write "RURAL")
(d) Street No. 4124 Rosalie Ave. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Richard Harry Polzin

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Feb. 4 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

12. Name Richard Harry Polzin

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Marcella Bosch

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Richard H. Polzin

(b) Address 4124 Rosalie Ave.

17. (a) Burial (b) Date thereof 3/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address 2117 E. Grand Blvd.

19. (a) MAR 1 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1946 hour 1 minute 30 AM.

21. I hereby certify that I attended the deceased from Feb. 6 1946 to Feb. 27 1946.
that I last saw him alive on Feb. 27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to diarrhea

Due to 119

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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).....

(b) Date of occurrence.....

(c) Where did injury occur? (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 J. W. Wistar White (M. D. or other)

Address 4501 Olive Date signed 3/28/46

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

6740

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. 3041

P. O. Address. 2117 E. Grand

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, fact should be so stated above.