

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42836**
Registrar's No. **10715**

Registration District No. **318** Primary Registration District No. **1003**

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: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
in this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town Mountain Grove
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME NATHAN JACOB HERMAN POLLACK
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 14
year 1946 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from
Oct. 25 1946 to Dec. 14 1946
that I last saw him alive on December 14 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maxine Pollack
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased unknown
(Month) (Day) (Year)

Immediate cause of death HODGKIN'S DISEASE Duration
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
about 32 -- -- hr. min.

Major findings:
Of operations.....
Of autopsy AS ABOVE
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Edmonton -- Alberta, Canada
(City, town, or county) (State of foreign country)

10. Usual occupation Merchant

11. Industry or business.....

12. Name Mendel Pollack

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

14. Maiden name Rose Reznikoff

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

16. (a) Informant Mrs. Nathan Pollack

(b) Address Mountain Grove, Mo.

17. (a) Burial (b) Date thereof 12-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartville, Mo.

18. (a) Signature of funeral director H. W. ...
(b) Address 5216 Delmar Blvd.

19. (a) DEC 15 1946 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

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. F. Bradley (M. D. of Pathology)
Address Barnes Hospital Date signed 12/15/46

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

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.....

A. Burgess

Licensed Embalmer No. 4029

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, fact should be so stated above.