

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

State File No. **42837**
 Registrar's No. **11334**

FILED #625383 1947
 Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County St. Louis, Missouri.
 (b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether)
 In this community 9 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County DOD
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3500 Miami Street
Memorial
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CLAY POLLEY
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 400-26-9090

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Loretta Mae Polley
 6. (c) Age of husband or wife if alive 36 years
 7. Birth date of deceased August 16 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 4 14 _____ hr. _____ min.

9. Birthplace Maniton, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Sandwich Shop Operator

11. Industry or business Restaurant

MOTHER FATHER
 12. Name Leslie Polley
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Florence Winstead
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loretta Polley

(b) Address 3500 Miami St.

17. (a) Burial (b) Date thereof 1/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral

(b) Address 1936 St. Louis Ave. Home, Inc.

19. (a) JAN 2-47 (b) J. F. Brodeck
(Date received local registrar's certificate) (Registrar's Signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 30th
 year 1946 hour 2:35 minute _____ P _____ M.
 21. I hereby certify that I attended the deceased from 12/29/46
 _____, 19____, to _____, 19____;
 that I last saw him alive on 12/30/46, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Pericardial Effusion 4 days
Pleural effusion, bilateral 1 day
 Due to Sero fibrinous pericarditis 5 days
and Laennec's Cirrhosis 6 mon
 Due to _____

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

Major findings: 12H
 Of operations _____
 Of autopsy _____

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) (c) Means of injury
 23. Signature George P. Smith (M. D. or other)
1515 Lafayette 12/30/46
Address Date signed

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Glenn W. Hay

Licensed Embalmer No..... *3737*

P. O. Address..... *1936 St. Louis*

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.