

FILED OCT 24 1947

Registration District No. _____ Primary Registration District No. **1003**

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

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:
6731 Marquette Ave.
(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
years, months or days)

3. (a) PRINT FULL NAME MINNIE POLLAK

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

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

6. (b) Name of husband or wife Frank J. Pollak
 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan. 20 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name Wirth
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Frank J. Pollak
 (b) Address 6731 Marquette Ave.

17. (a) Cremation (b) Date thereof Oct. 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Missouri Crematory
C. Hoffman's Colonial Mortuary

18. (a) Signature of funeral director _____
 (b) Address 6464 Chippewa St.

19. (a) OCT 7 1947 (b) J. F. Beleck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gas
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6731 Marquette Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 3 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 65
 year 1947 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from Dec 1st 1946
 to Oct 6 1947
 that I last saw her alive on Oct. 5 - 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Tuberculosis Indolent

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 18

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
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. F. Beleck (M. D. or other) hsp
 Address 3288 Swank Ave Date signed 10-6-47

Dr. C. V. Wilcox

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.