No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 7 1948

Registration District No. 1487

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 28516

Registrar's No. 2664

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 28 Days (Specify whether years, months or days)
In this community: 28 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Oklahoma (b) County:
(c) City or town: Muskogee
(If outside city or town limits, write "RURAL")
(d) Street No.: 811 Irving Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: POLK, Theodore C. Jr.,
3. (b) If veteran, name war: Spanish-American
3. (c) Social Security No.: 523 01 6148
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: February (Month) 8 (Day) 1875 (Year)

8. AGE: Years 73 Months 6 Days 22 If less than one day hr. min.

9. Birthplace: Great Bend, (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Retired Machinist
11. Industry or business:

FATHER
12. Name: Theodore Clay Polk St.,
13. Birthplace: Marysville, Kentucky (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name: Margaret Barlow
15. Birthplace: Midway, (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Registrar, VA Hospital
(b) Address: Jefferson Barracks, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Aug. 31, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Muskogee, Okla.
18. (a) Signature of funeral director: E. Hoffmeister U&L Co.
(b) Address: 7814 S. Bdwy., St. Louis, Mo.
19. (a) 8-31-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 30 year: 1948 hour: 1:15 minute: P.M.

21. I hereby certify that I attended the deceased from August 2, 1948 to August 30, 1948; that I last saw him alive on August 30, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CARDIAC FAILURE WITH UREMIA FOLLOWING LEFT PNEUMONECTOMY FOR CANCER OF THE LUNG	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 8/28/48 Left pneumonectomy
Of autopsy: Autopsy performed (See cause of death)

PHYSICIAN
Underline the cause of 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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Emmett D. Hall (M. D.)
Address: VAH, Jeff. Bks., Mo. Date signed: 8/31/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 17 1948

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7074 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, fact should be so stated above.