No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35183

FILED NOV 9 1948

Registration District No. 3949

Primary Registration District No. 6676

Registrar's No. 2478

96

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Pattonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Orchard Inn (Normandy 3 & Rock Road)
(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 St. Louis 96
(c) City or town Pattonville 0
(If outside city or town limits, write "RURAL")
(d) Street No. Clover Leaf Club 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME JOSEPH K. POLAK

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 2

6. (b) Name of husband or wife Laura Polak

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

7. Birth date of deceased April 28-1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	5	27	..... hr. ..... min.

9. Birthplace Czechoslovakia 6
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business .....

FATHER
12. Name William Polak 6
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Uhle 6
15. Birthplace Czechoslovakia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Polak
(b) Address 2857 Eads Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-1948 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cemetery

18. (a) Signature of funeral director Mordell Und
(b) Address 1926 Allen Avenue

19. (a) 10-26-48 (Date received local registrar) (b) Cecil A. Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th year 1948 hour ..... minute ..... P. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

DIED WITHOUT MEDICAL ATTENDANCE

	Duration
Immediate cause of death	
Cause unknown	
Due to	
Due to 200	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) .....
(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 0

23. Signature Cecil A. Shaw (M. D. xxxx)
Address Commissioner of Health Date signed 10-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Me, Registered Apprentice No. ....., working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.