

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3069

State File No. 39608

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4299

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS
c. LENGTH OF STAY (If in this place) 2 Wks
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY St. Clair
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belleville
d. STREET ADDRESS (If rural, give location) 411 N. 38th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Regina Delores b. (Middle) Poleskey c. (Last) Poleskey
4. DATE OF DEATH (Month) (Day) (Year) 11-2-49

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 10-1-1914 9. AGE (In years last birthday) 35 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (State or foreign country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Michael Kamadulske 13b. MOTHER'S MAIDEN NAME Hattie Kozuszek 14. NAME OF HUSBAND OR WIFE Carl Poleskey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. UNKNOWN 17. INFORMANT'S SIGNATURE OR NAME ADDRESS CARL POLESKEY, N. 38th St. Belleville, Ill

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute Liver Atrophy
DUE TO (b) Infectious Hepatitis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.
Interval between ONSET AND DEATH Five weeks

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 092X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Oct 24, 1949, to Nov 2, 1949, that I last saw the deceased alive on Nov 2, 1949, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Malcolm B. Bauer M.D. 23b. ADDRESS 6663 Clayton Road 23c. DATE SIGNED Nov. 2, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 11-2-49 24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel 24d. LOCATION (City, town, or county) (State) Belleville, Ill

DATE REC'D BY LOCAL REG. 11-2-49 REGISTRAR'S SIGNATURE Herbert A. Womack M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. Reimer 120 North Bell. Belleville, Ill

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 _____

Student Embalmer No. *not*

working under my personal supervision.

Signed _____

Geo Ranner

Signed _____
Student Embalmer

Licensed Embalmer No. *2314*

P. O. Address *Bellevoile Ills*

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.