

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 281

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE IOWA b. COUNTY Muscatine	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Muscatine	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hotel Robidoux		d. STREET ADDRESS (If rural, give location) Not given	

3. NAME OF DECEASED (Type or Print) a. (First) Samuel	b. (Middle) *****	c. (Last) Polesky	4. DATE OF DEATH (Month) (Day) (Year) January 22, 1950
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5. SEX Male	6. COLOR OR RACE Jewish	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1, 1899	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Ladies ready to wear.	11. BIRTHPLACE (State or foreign country) Polland, Russia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis Polesky	13b. MOTHER'S MAIDEN NAME Libbie Saffer	14. NAME OF HUSBAND OR WIFE Ruth Polesky
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) ***** 456-10-9101	17. INFORMANT'S SIGNATURE OR NAME Ben Polesky	ADDRESS St. Joseph, Missouri.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus		3 mos.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) Man died suddenly while alone in his hotel room. He was known to have diabetes mellitus but has had no recent serious illness or disability.		260X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I viewed the deceased from 1/22, 1950, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy M.D., Coroner	(Degree or title)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 1/23/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 24, 1950	24c. NAME OF CEMETERY OR CREMATORY Shaare Sholem Cemetery	24d. LOCATION (City, town, or county) St. Joseph, Missouri (State)
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DATE REC'D BY LOCAL REG. Jan. 25, 1950	REGISTRAR'S SIGNATURE E. B. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoffer	ADDRESS 1946 Coihoun St. St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 26 1934

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. *****

working under my personal supervision.

Student ***** *
Student Embalmer

Signed *Albert C. Harrington*

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.