

FILED JUN 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH1920  
State File No. 4970

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>4970</u>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>25 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		d. STREET ADDRESS (If rural, give location) <u>No. 7 Seminary Terrace</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1950</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>G.</u>		c. (Last) <u>Polack</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 7 1890</u>		9. AGE (In years last birthday) <u>59</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Professor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Theological Seminary</u>		11. BIRTHPLACE (State or foreign country) <u>Wausau, Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Herman A. Polack</u>			13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Stohs</u>			14. NAME OF HUSBAND OR WIFE <u>Ione Gick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wm. G. Polack</u>				ADDRESS <u>No. 7 Seminary Ter.</u>	
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glioblastoma of brain, malignant</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</u>	
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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? <u>193X</u>					
22. I hereby certify that I attended the deceased from <u>March 16, 1950</u> , to <u>June 5, 1950</u> , that I last saw the deceased alive on <u>June 5, 1950</u> , and that death occurred at <u>6 AM</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>F. R. Bradley</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>6/6/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 7 1950</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Clear Lake Luth. Cemetery</u>		24d. LOCATION (City, town, or county) <u>Clear Lake, Indiana</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>JUN 6 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden F. H. Inc.</u>				
					ADDRESS <u>1936 St. Louis Ave</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Helmut J. Krupin  
Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

**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.