

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 2337

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 2337
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place) <u>22 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Collinsville</u> <u>8120</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route #1 - Box #12</u>		
3. NAME OF DECEASED a. (First) <u>LUTHER</u> (Type or Print)		b. (Middle) <u>FARISE</u>		c. (Last) <u>POLK</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>3 9 52</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>2-8-1890</u>		9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR: Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Polk</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Standfield</u>
14. NAME OF HUSBAND OR WIFE <u>Elise Polk</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WW #1</u>		16. SOCIAL SECURITY NO. <u>702-12-6083</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Polk, Collinsville, Ill.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>CARCINOMA OF GALL BLADDER WITH METASTASIS</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>3 Mo</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT SUICIDE HOMICIDE (Specify)
21a. 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) (Minute)
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>153X</u>		22. I hereby certify that I attended the deceased from <u>2/16</u> to <u>3/9</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3/8</u> , 19 <u>52</u> , and that death occurred at <u>1:15</u> p.m., from the causes and on the date stated above.
23a. SIGNATURE <u>Paul B. Hart, M.D.</u>		23b. ADDRESS <u>Mo-Pac Hosp</u>		23c. DATE SIGNED <u>3/9/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-10-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Troy, Illinois</u>
24d. LOCATION (City, town, or county) (State) <u>Troy, Illinois</u>		DATE REC'D BY LOCAL REG. <u>MAR 12 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwards F. H.</u>		ADDRESS <u>Troy, Illinois</u>		(Licensed Embalmer's Statement on Reverse Side)

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

FILED MAR 29 1952

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis Mo

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.