

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

45,000

State File No.

FILED DEC 4- 1953

318

1003

11292

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. CITY OR TOWN St Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 35 yrs		e. STREET ADDRESS (If rural, give location) 1475 Clara	
d. FULL NAME OF HOSPITAL OR INSTITUTION Oemah Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Sidney	b. (Middle)	c. (Last) Polsky	4. DATE OF DEATH (Month) (Day) (Year) Nov 29 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 5, 1918	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Dept	10b. KIND OF BUSINESS OR INDUSTRY Retail food	11. BIRTHPLACE (City and State or foreign Country) St Louis Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Ben Polsky	13b. MOTHER'S MAIDEN NAME Sadie Jadamsky	14. NAME OF HUSBAND OR WIFE Rita
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or date of service) No	16. SOCIAL SECURITY NO. amb	17. INFORMANT'S SIGNATURE OR NAME (City and State or foreign Country) Rita Polsky 1475 Clara	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 8 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) malignant Brain Tumor		2 1/2 yrs
	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 June 1, 1951	19b. MAJOR FINDINGS OF OPERATION malignant Brain Tumor	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 193X
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 attended the deceased from Nov 10, 1953, to Nov 29, 1953, that I last saw the deceased alive on Nov 29, 1953, and that death occurred at 10:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE M. A. Cassel (Degree or title) M.D.	23b. ADDRESS Jewish Hospital	23c. DATE SIGNED 11-30-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/1/53	24c. NAME OF CEMETERY OR CREMATORY Grand St. Louis	24d. LOCATION (City, town, or county) (State) Union City Mo
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DATE REC'D BY LOCAL REG. NOV 30 1953	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Berger	ADDRESS 8115 Madison
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Quiro J. Quirino*
Licensed Embalmer No. *4339*

P. O. Address

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**