

STANDARD CERTIFICATE OF DEATH

State File No. **3170**
Registrar's No. **0186**

FILED JAN 26 1954

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | 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 township) OR TOWN St Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | d. STREET ADDRESS (If rural, give location) 2249 24 3880 Marine Av | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3880 Marine Av | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Frank | | b. (Middle) J | | c. (Last) Pollack | |
| 4. DATE OF DEATH | | (Month) Jan | | (Day) 7 | | (Year) 1954 | |
| 5. SEX <input checked="" type="checkbox"/> Male | 6. COLOR OR RACE <input checked="" type="checkbox"/> White | 7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input checked="" type="checkbox"/> DIVORCED (Specify) Single | | 8. DATE OF BIRTH Mar 10 1887 | | 9. AGE (In years last birthday) 66 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Stone Cutter | | 11. BIRTHPLACE (State or foreign country) St Louis Mo | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 13a. FATHER'S NAME Joseph Pollack | | 13b. MOTHER'S MAIDEN NAME Anna Korando | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. W-W-#1 | | 17. INFORMANT'S SIGNATURE OR NAME William Pollack 3880 Marine Av | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage | | MEDICAL CERTIFICATION Hypertension | | INTERVAL BETWEEN ONSET AND DEATH 2 days | |
| | | ANTECEDENT CAUSES | | DUE TO (b) rise to the above cause (a) dating the underlying cause last. | | DUE TO (c) 1 1/2 yrs. | |
| | | 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? 331X | | | |
| 22. I hereby certify that I attended the deceased from July 15, 1954 , to Jan 7, 1954 , that I last saw the deceased alive on Jan 6, 1954 , and that death occurred at 5 P. M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE W. W. #1 | | | | 23b. ADDRESS 3014 S. Jefferson | | 23c. DATE SIGNED Jan 54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 1/11/54 | | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | | 24d. LOCATION (City, town, or county) (State) St Louis County Mo. | |
| DATE REC'D BY LOCAL REG. JAN 8 1954 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home 1926 Allen Av | | | |

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

P. O. Address *St Louis 4 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.