

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1735**

FILED FEB 14 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5594** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL MERAMEC</b>	c. LENGTH OF STAY (in this place) <b>M</b>	c. CITY OR TOWN <b>Rural Meramec</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) <b>Hillsboro 170 R#2 05<sup>00</sup></b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARGARET</b> b. (Middle) <b>LOUISE</b> c. (Last) <b>POLK</b>	4. DATE OF DEATH (Month) <b>1</b> (Day) <b>-30</b> (Year) <b>-56</b>							
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov 17-1893</b>	9. AGE (In years last birthday) <b>62</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>PETER T. FRANK</b>	13b. MOTHER'S MAIDEN NAME <b>CAROLINE OVERFOLL</b>	14. NAME OF HUSBAND OR WIFE <b>CHARLES HENRY POLK</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ALICE E. DE HOOG Hillsboro Mo R#2</b>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of lung kidney natural causes</b>		
ANTECEDENT CAUSES		DUE TO (b)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		7955	
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?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Leo Church acting coroner</b>	23b. ADDRESS <b>Hillsboro mo</b>	23c. DATE SIGNED <b>1-30-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2/1/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LAKEWOOD PARK CEM</b>
24d. LOCATION (City, town, or county) (State) <b>St Louis County Mo</b>		

DATE REC'D BY LOCAL REG. <b>Feb 4, 1956</b>	REGISTRAR'S SIGNATURE <b>Ruth Jiran</b>	43R	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>MITTELBERG FUN. HOME Home Springs, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 18 1956

FEB 8 1956

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.....  
*John Haines*

Licensed Embalmer No. 410

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