

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042108
STATE FILE NUMBER
10344

318

Primary Registration District No.

1003

Registrar's No.

FILED NOV 18 1958

Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>University City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>37 Hamilton Nursing Home</i>		Length of stay in lb <i>17 mos</i>	d. STREET ADDRESS (If outside, give location) <i>27 869 Westgate</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Aaron Poletsky</i>			4. DATE OF DEATH Month Day Year <i>10-27-58</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>11-15-1889</i>
9. AGE (In years to birthday) <i>68</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mgr</i>	11. BIRTHPLACE (City and state or country) <i>USSR</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mgr</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Brooms</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Jos. Samuel Poletsky</i>		13b. MOTHER'S MAIDEN NAME <i>Rachel (unk)</i>	14. NAME OF HUSBAND OR WIFE <i>Fannie</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war and dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>494-36-9890</i>	17. INFORMANT Address <i>Fannie Poletsky 869 Westgate</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Parkinson's Disease</i> DUE TO (c) <i>350x</i>			INTERVAL BETWEEN ONSET AND DEATH <i>18/18/58</i> <i>years -</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>10/18/58</i> to <i>10/27/58</i> and last saw her/him alive on <i>10/26/58</i> Death occurred at <i>10:00 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Herman M. Meyer M.D.</i>		22b. ADDRESS <i>4409 West Pine</i>	22c. DATE SIGNED <i>10/28/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>10-29-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth</i>	23d. LOCATION (City, town, or county) (State) <i>University City, Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>Berger Memorial 4715 McPherson</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 29 1958</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Lawrence J. Davis*

Licensed Embalmer No. *3988*

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.