WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

JAN 14 1935

791

45046

1. PLACE OF DEATH

County: St Louis — Registration District No. 1008 — File No. 45046

Township — Primary Registration District No. — Registered No. 12201

City: St Louis (No. 5134 Minerva St. Ward)

2. FULL NAME: Joseph F. Pollock

(a) Residence No. 5134 Minerva St., 6 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 25, 1870

7. AGE: YEARS 64 — MONTHS 10 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Realty Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La Grange Mo

FATHER

13. NAME: Jacob Pollock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Mary E. Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs Lulu M. Johnson, 5134 Minerva

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Bellefontaine DATE: Dec 27, 1934

19. UNDERTAKER (ADDRESS): A Kron L & U Co, 2707 N. Grand Bl.

20. FILED: 1-2 26 1935 19 Jos F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1934, to Dec 24, 1934

I last saw him alive on Dec 24, 1934. Death is said to have occurred on the date stated above, at 7 25 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	12/23/34

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. R. Hamlin, M. D.

(Address) 1259 N. Kingshighway