

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.

AUG 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. 1427), MISSOURI

File No.....

28400

Registered No.....

7163

St. .... Ward)

2. FULL NAME

MARIE M. Pollard

(a) Residence, No. 1427 MISSOURI St. 23 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martin M. Pollard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7/29/1896</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>11</u>	DAYS <u>14</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>at home</u>
	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) Germany

13. NAME John Orlick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Augusta Reversis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Martin M. Pollard  
(ADDRESS) 1427 Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE New Peters DATE 7/13 '38

19. UNDERTAKER Harshman's Undert. Co.  
(ADDRESS) 637 S. Grand Blvd.

20. FILED J. Bredeck  
Registrar.

AUG 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12-38

22. I HEREBY CERTIFY, That I attended deceased from 7-15-38 to 7-12-38

I last saw him alive on 7-12-38 Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Pulmonary tuberculosis  
1931

Date of onset

Other contributory causes of importance: 13

Name of operation..... Date of.....  
What test confirmed diagnosis? Physical exam 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?.....  
If so, specify Hypertension

(Signed) J. Bredeck, M. D.  
(Address) 395 S. Grand Blvd.

Handwritten notes in the bottom left corner, including a box containing the number '10' and some illegible scribbles.