

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

4821  
 Do not use this space.

REC'D MAR 13 1939

791  
1003

Registered No. 1514

**1. PLACE OF DEATH**

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis Missouri (d) Street No. Desloge Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** 1163 Janice Pollard

(a) Residence, No. 42422 Westminister St. 19 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

|  |   |  |             |  |
|--|---|--|-------------|--|
| <b>3. SEX</b>  | <b>4. COLOR OR RACE</b>   | <b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</b> |             |  |
| Female   | White   | Married  |             |  |
| <b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Jay Pollard</u>           |   |  |             |  |
| <b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>Oct. 28, 1911</u>                              |   |  |             |  |
| <b>7. AGE</b>  | <b>YEARS</b>  | <b>MONTHS</b>  | <b>DAYS</b> | <b>If LESS than 1 day, ..... hrs. or ..... min.</b>    |
|  | 27  | 3  | 18          |  |
| <b>OCCUPATION</b>  | <b>8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.</b> |  |             |  |
|  | <b>9. Industry or business in which work was done, as saw mill, bank, etc.</b>            |  |             |  |
|  | <b>10. Date deceased last worked at this occupation (month and year)</b>                  |  |             |  |
|  | <u>Housewife</u>  |  |             | <b>11. Total time (years) spent in this occupation</b> |
| <b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>  |   |  |             |  |
| <u>Unknown Missouri</u>  |   |  |             |  |
| <b>FATHER</b>  | <b>13. NAME</b> <u>Wm. Sparkman</u>   |  |             |  |
|  | <b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Unknown Tennessee</u>          |  |             |  |
| <b>MOTHER</b>  | <b>15. MAIDEN NAME</b> <u>Leveniai Sparkman</u>   |  |             |  |
|  | <b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Unknown Missouri</u>           |  |             |  |
| <b>17. INFORMANT (ADDRESS)</b> <u>Jay Pollard 4242 Westminister</u>                              |   |  |             |  |
| <b>18. BURIAL, CREMATION, OR REMOVAL PLACE</b> <u>Popular Bluff Mo</u> DATE <u>Feb. 18, 1939</u> |   |  |             |  |
| <b>19. FUNERAL DIRECTOR (NAME) (ADDRESS)</b> <u>Albert H. Hoppe Inc. 4700 Washi gton Blvd.</u>   |   |  |             |  |
| <b>20. FILED</b> <u>FEB 16 1939</u> <u>J. D. Budeck</u> Local Registrar                          |   |  |             |  |

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Feb. 15, 1939

**22. I HEREBY CERTIFY**, That I attended deceased from Feb. 1, 1939, to Feb. 15, 1939  
 I last saw her alive on Feb. 14, 1938 Death is said to have occurred on the date stated above, at 9:38 p. m.  
 The principal cause of death and related causes of importance were as follows:

|  |                  |
|--|------------------|
| <u>Rheumatic Heart Disease with Mitral Stenosis and Regurgitation, and Aortic Stenosis and Regurgitation</u> | Date of onset    |
|  | <u>Uncertain</u> |
|  | <u>Uncertain</u> |

Other contributory causes of importance: [Signature]

Name of operation: \_\_\_\_\_ Date of: \_\_\_\_\_  
 What test confirmed diagnosis Phys & Lab 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?** No  
 If so, specify: \_\_\_\_\_  
 (Signed) [Signature], M. D.  
 (Address) 1325 S. Grand Blvd.

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.

MAR 25 1943

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.**