

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
U.S. GPO

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.

1. PLACE OF DEATH: 1
 (a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 71 years
 years, months or days)

3. (a) PRINT FULL NAME Anna L. Pollard, 463
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Austin L. Pollard 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 11, 1868
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>0</u>	<u>23</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER:
 { 12. Name Albert Hatleck
 { 13. Birthplace Philadelphia, Pa.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Margaret Biggs
 { 15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. N. Wessels

(b) Address 1121 Ralph Terrace

17. (a) Burial (b) Date thereof July 7 39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St.

19. (a) JUL - 6 1939 (b) DR. M. J. Connelley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 0
 (a) State Missouri (b) County St. Louis
 (c) City or town Richmond Heights
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1121 Ralph Terrace
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July 4
 year 1939 hour 10 minute 10 PM M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Automobile accident.
Struck by an automobile while
a pedestrian on a public highway
 Due to _____ 7/4/39
 Duration

Due to _____ 7/4/39
Fracture of the skull.
 (Other conditions (include pregnancy within 3 months of death)
Multiple fractures. 7/4/39

Major findings:
 Of operations _____
 Of autopsy 210 M
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence July 4, 1939
 (c) Where did injury occur? Clayton, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place 11
 (Specify type of place) (e) Means of injury struck by au
 While at work _____ (M. D. or other)
 23. Signature John Connelley
 Address Coroner of St. Louis County, Mo.

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..... *Elmer C Grothe*.....

Licensed Embalmer No. *3351*.....

P. O. Address *3621 Olive St.*.....

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.