

AND FEB 25 1941
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis

(c) Name of hospital or institution: Mo. Pacific 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..... years, months or days)

3. (a) PRINT FULL NAME. Philander Chase Pollock

3. (b) If veteran, name war.....

3. (c) Social Security No. 702-12-8882

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Pollock

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug. 20 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>5</u>	<u>0</u>	hr. min.

9. Birthplace Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Terminal R. R.

12. Name Rolla W. Pollock

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy L. Watts

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Pollock

(b) Address 4827 Lee Ave.

17. (a) Cremation (b) Date thereof 1/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JAN 21 1941 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 7 17

(d) Street No. 4827 Lee Ave.
(If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 20
year 1941 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from Dec. 15
~~20~~, 1940, to JAN. 20, 1941
that I last saw h. in alive on above date, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary occlusion

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....
MI

Major findings: Of operations.....
Of autopsy.....
MI

PHYSICIAN
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).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)
(c) Means of injury MI

23. Signature W. H. Hamlett (M. D. or other)
Address Missouri Pacific Hosp. Date signed 1-20-41

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.....

Warren A. Carver

Licensed Embalmer No.....

3534

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, fact should be so stated above.