

FILED APR 17 1942

State File No. 3224

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Hillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 14 days
life (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....

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

(d) Street No. 2664 Lucas Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME George Pollard

3. (b) If veteran, name war. World 3. (c) Social Security No. —

4. Sex Male 5. Color or race coe 6. (a) Single, widowed, married, divorced, Widow

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

7. Birth date of deceased Sept 23 18
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>6</u>	<u>13</u> hr. min.

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

10. Usual occupation. labor

11. Industry or business.....

MOTHER FATHER { 12. Name. Green Pollard

{ 13. Birthplace. Lincoln County Mo. 0
(City, town, or county) (State or foreign country)

{ 14. Maiden name. Mollie G. G. Hub

{ 15. Birthplace. Callaway County 0
(City, town, or county) (State or foreign country)

16. (a) Informant George Pollard

(b) Address 2664 Lucas Ave

17. (a) Burial (b) Date thereof 4-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation National Capital Barrens Natl

18. (a) Signature of funeral director J. J. Randall & son

(b) Address 3133 Bell Ave

19. (a) APR 17 1942 (b) J. J. Randall
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6,
year 1942 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 23, 1942 to April 6, 1942; that I last saw h. im alive on April 6, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral Thrombosis 10 days
83

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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)
..... (e) Means of injury

23. Signature W. J. Evers 0 (M. D. or other)
Address 2601 N. Whittier Date signed.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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, fact should be so stated above.