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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 4 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26131

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED: 7231
(a) State Missouri (b) County
(c) City or town St. Louis 14 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6418 Hancock Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucille M. Pollard
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased April 26, 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 4 3 hr. min.

9. Birthplace Glenn Park, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Fred Brokoetter
13. Birthplace New Haven, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Mueller
15. Birthplace Washington, Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Wm. Pollard
(b) Address 6418 Hancock Ave

17. (a) Burial (b) Date thereof 9/31/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul Cem

18. (a) Signature of funeral director P. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) AUG 29 1942 (Date received local registrar)
J. F. [Signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 29, year 1942 hour 4:25 minute A. M.

21. I hereby certify that I attended the deceased from July 29, 1942 to August 29, 1942
that I last saw her alive on August 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis with Cavitation and Terminal Hemorrhage
Due to Tuberculous Mediastinal Abscess

Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy As above

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) (e) Means of injury
23. Signature [Signature] (M. D. or other)
Address 1515 Lafayette Avenue Date 8/29/42

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.....

Paul A. Keith

Licensed Embalmer No.....

3612

P. O. Address.....

2317 Lafayette

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.