V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1944

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25742

Primary Registration District No. 3070

Registrar's No. 1670

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

46 7 4

1. PLACE OF DEATH:
(a) County: ST. LOUIS
(b) City or town: WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 642 N. FORREST AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 5 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: ST. LOUIS
(c) City or town: WEBSTER GROVES 96
(If outside city or town limits, write "RURAL")
(d) Street No.: 642 N. FORREST AVE. 74
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: DELILA AMANDA POLLOCK
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOW
6. (b) Name of husband or wife: JOHN POLLACK
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: DECEMBER 26 1854 (Month) (Day) (Year)

8. AGE: Years 89 | Months 7 | Days 10 | If less than one day — hr. — min.

9. Birthplace: MERCER CO. (City, town, or county) OHIO (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business:
MOTHER FATHER
12. Name: SAMUEL DANNER
13. Birthplace: PITTSBURG (City, town, or county) PENN (State or foreign country)
14. Maiden name: ELIZABETH PIERCE
15. Birthplace: PITTSBURG (City, town, or county) PENN (State or foreign country)
16. (a) Informant: Mrs. L. D. Warren
(b) Address: 642 N. FORREST AVE. W.G.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: 8-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation: TOPEKA-KANSAS
18. (a) Signature of funeral director: Parker Funeral Co.
(b) Address: WEBSTER GROVES MO.
19. (a) AUG 8 - 1944 (Date received local registrar) (b) E. A. McGavren, M.D. (Registrar's signature) 75

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5th year 1944 hour 11:30 minute P. M.
21. I hereby certify that I attended the deceased from ..., 1944 to Aug. 5th, 1944 that I last saw him alive on Aug 5th, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis	
Due to: senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 97	

Major findings:
Of operations:
Of autopsy:

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? (Specify type of place)
While at work?
(e) Means of injury
23. Signature: W. Alexander Smith M.D.
Address: Webster Groves Date signed: 8-7-44

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(Licensed Embalmer's Statement on Reverse Side)

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 Leslie Welch, Registered Apprentice No. 362, working under my personal supervision.

Signed C. E. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves, Mo.

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.