

S. No. 2
OM-2-43
v. 5-17-39
I X35697

11540

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 State File No. _____ Registrar's No. 3084

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3202 Winnebago
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 40 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3202 Winnebago
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gordon R. Pollard
(b) If veteran, name war _____
(c) Social Security No. 486-18-0612

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 30
year 1946 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan 10
1946 to Mar 30 1946
that I last saw him alive on Mar 30 1946
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dorothy
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Sept. 15 1901
(Month) (Day) (Year)

Immediate cause of death Acute Myocarditis

8. AGE: Years 44 Months 6 Days 15
If less than one day _____ hr. _____ min.

Due to Alcoholism 2 months
Due to _____ 9

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

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

10. Usual occupation Salesman

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Francis X. Pollard

PHYSICIAN _____

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

Underline the cause to which death should be charged statistically.

14. Maiden name Annie Bas

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

16. (a) Informant Annie Pollard

(b) Address 3202 Winnebago

17. (a) Burial (b) Date thereof 4-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 _____

Signature Leroy E. Ellison (M. D. or other) MD

Address 3610 501 Broadway Date signed 4-1-46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
40452

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address. Overland Park

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.