

FILED FEB 26 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7849**  
Registrar's No. **1551**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>	
c. LENGTH OF STAY (in this place) <b>61 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>3029 Arlington Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo Baptist Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Gertrude</b> b. (Middle) c. (Last) <b>Pollard</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 7 53</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>1-19-1892</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo</b>
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>Thomas Hayden</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine O'Keefe</b>	14. NAME OF HUSBAND OR WIFE <b>Lester Pollard Deceased</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr James Pollard</b> ADDRESS <b>3029 Arlington Av</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Bladder</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>181X</b>

22. I hereby certify that I attended the deceased from **9-18-52, 10**, to **2-7-53**, 19\_\_, that I last saw the deceased alive on **2-7-53**, 19\_\_, and that death occurred at **9:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edward Wm. Cannon M.D.</b> (Degree or title)	23b. ADDRESS <b>607 N. Grand, St. Louis 3, Mo.</b>	23c. DATE SIGNED <b>2-9-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-10-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery St. Louis, Co</b>
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>FEB 9 1953</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Woodhart-Goodhart</b> ADDRESS <b>2228 St. Louis, AV</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Fred J. Tanner*

Licensed Embalmer No. *4988*

P. O. Address *St. Louis, 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.