

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19775  
4812  
State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED JUN 1 - 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	c. LENGTH OF STAY (in this place) <i>6 days</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City, Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Frisco Employees Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>3920 Genoa 3708</i>	

3. NAME OF DECEASED (Type or Print) <i>Erle D Pollock</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 12, 1953</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 17, 1887</i>		9. AGE (to years last birthday) <i>66</i> IF UNDER 1 YEAR Months <i>2</i> Days <i>28</i> IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Car Inspector</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>RR</i>	11. BIRTHPLACE (State or foreign country) <i>Lincoln, Neb</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>James A. Pollock</i>	13b. MOTHER'S MAIDEN NAME <i>Sarah Catherine White</i>	14. NAME OF HUSBAND OR WIFE <i>Josephine Chouvet P.</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Wife Mrs. Josephine Pollock</i>	ADDRESS <i>same</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of bladder</i>		
	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 checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>181X</i>
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22. I hereby certify that I attended the deceased from *May 6, 1953* to *May 12, 1953*, that I last saw the deceased alive on *May 11, 1953*, and that death occurred at *5:50 A.M.* from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Norman Miller MD</i>	23b. ADDRESS <i>4960 LaCade</i>	23c. DATE SIGNED <i>5-12-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>May 12, 1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Maple Hill Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Kansas City, Kansas</i>
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DATE REC'D BY LOCAL REG. <i>MAY 12 1953</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith MD</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly</i>	ADDRESS
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H.T. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

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

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis Mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.