300
46

FILED JUL 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26009

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 163

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (In this place): 6-Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles 0923
d. STREET ADDRESS (If rural, give location): 902 South Main Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): MAY
c. (Last): POLLARD

4. DATE OF DEATH (Month) (Day) (Year): July 22 1953

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: May 1, 1887

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John H. Miller

13b. MOTHER'S MAIDEN NAME: Emma Powell

14. NAME OF HUSBAND OR WIFE: Fred Wagner (Dec'd.) 1937

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Nil

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Sylvester Vollmer, St. Charles, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — unknown

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None 332X

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* July 15, 1953 *to* July 22, 1953 *that I last saw the deceased alive on* July 21, 1953, *and that death occurred at* 7:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Don L. Randall, M.D.

23b. ADDRESS: 207 N. 5th St. Charles, Mo.

23c. DATE SIGNED: July 23, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 25, 1953

24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery

24d. LOCATION (City, town, or county) (State): St. Charles, Mo.

DATE REC'D BY LOCAL REG.: July 23 1953

REGISTRAR'S SIGNATURE: Nannie Hamilton

284-0

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: H. C. Dallmeyer & Sons Co. — H. C. Dallmeyer & Sons Co., St. Charles, Mo.

(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 Frank R Amalon

Licensed Embalmer No. 4832

P. O. Address St Charl

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

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