

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC#9990614

SL 27399

-62-008590

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2090

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LED FEB 28 1962

1. PLACE OF DEATH a. COUNTY: ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY SPRINGFIELD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 53 DAYS	c. CITY OR TOWN SPRINGFIELD
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 201 E. WASHINGTON
3. NAME OF DECEASED (Type or print) RAY M. POLLARD		4. DATE OF DEATH FEBRUARY 18, 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-4-05
9. AGE (last birthday) 56		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAXI DRIVER		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) KENTUCKY
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME CREED POLLARD	
13b. MOTHER'S MAIDEN NAME ADIE CALHOUN		14. NAME OF HUSBAND OR WIFE EULA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW2		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT SHREVE SQUIRES SEE 2D		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDRMA DUE TO (b) CARCINOMA OF THE LUNG DUE TO (c) 163x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from 12-27-61 to 2-18-62 and last saw him alive on 2-18-62 Death occurred at 11:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Stuart Meyer (Degree or title) M.D. 22b. ADDRESS VAH, ST. LOUIS, MO. 22c. DATE SIGNED 2-19-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-22-62	23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	23d. LOCATION (City, town, or county) (State) Petersburg, Illinois.
24. FUNERAL DIRECTOR Satorius Funeral Home, Petersburg, Illinois.		25. DATE RECD. BY LOCAL REG. FEB 20 1962 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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Rev. 4/59

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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 _____

Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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