

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
100830374  
Do not use this space.

7811

## 1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City St. Louis (d) Street No. 3919a N. 20th St. St. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. ....

Primary Registration District No. ....

Registered No. ....

2. PRINT FULL NAME William Pollihan

(a) Residence, No. 3919a N. 20th St. St. 26 (If non-resident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Wife Of Mamie Pollihan (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 1. 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
58 7 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Checker  
9. Industry or business in which work was done, as saw mill, bank, etc. Baking Co.  
10. Date deceased last worked at this occupation (month and year) Sept. 2, 1938. 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME Unknown Pollihan

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Harry Pollihan (ADDRESS) 3919a N. 20th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Sept. 5, 1938

19. FUNERAL DIRECTOR Suedmeyer & Sons (ADDRESS) 3934 N. 20th St.

20. FILED J. P. Budenz Local Registrar

*No other certificate of death*  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6:55 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Infarction  
Cardiac Hypertrophy  
Pericarditis  
Other contributory causes of importance:  
Chronic Hypertrophic  
bronchitis

Date of onset

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify Alfred Perry M. D.  
(Signed) Alfred Perry M. D.  
(Address) Kepler's Corner

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Geo P Schubert, Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

.....L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Geo P Schubert  
Licensed Embalmer No. 2212

**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.)**