

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

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.

REG AUG 11 1939 791

Registration District No. **1003**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since July 20, 1939
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") **10**
(d) Street No. 4308 Labadie
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Tena Pollard **463**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Pollard 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased August 8, 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 11 14 hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

12. Name John Barlish

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bettie ?

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Pollard
(b) Address 4308 Labadie

17. (a) BURIAL (b) Date thereof 7 24 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington Blvd
19. (a) JUL 24 1939 (b) J. B. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1939 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from July 20, 1939
_____, 19____, to July 22, 1939 19____;
that I last saw her alive on July 22, 1939 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Liver abscess cause unknown Duration 3-4 wks

Due to _____
Due to _____

Other conditions unknown
(Include pregnancy within 3 months of death)

Major findings: 725
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature A. J. Lyman (M. D. or other)
Address 2601 N. Whittier Date signed 7/24/39

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Arthur L. Hilliard

Licensed Embalmer No.

3389

P. O. Address

3028 Dickson

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, above space should be left blank.