

FILED JAN 17 1947
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 119

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:
5653 a Julian Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JOHN CARTER POLLARD

3. (b) If veteran, name war None 3. (c) Social Security No. 188-18-6307

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

6. (b) Name of husband or wife Lorena L. Pollard 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased June 11, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation Salesman, Beacon Paper Co.

11. Industry or business Retired 5 years

12. Name William H. Pollard

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

14. Maiden name Adeline Goodman

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

16. (a) Informant Mrs. Lorena L. Pollard

(b) Address 5653 a Julian Avenue

17. (a) Burial (b) Date thereof January 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue

19. (a) JAN 6 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5653 a Julian Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5, 1947
year 1 hour 35 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Thrombosis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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 3

23. Signature Patrick E. Taylor (M. D. or other) _____
Address _____ Date signed 1/10/47

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Elmo R. Padwell

Licensed Embalmer No.

4097

P. O. Address.....

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, fact should be so stated above.