

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6820
State File No. _____
Registrar's No. **1611**

Registration District No. **318**

Primary Registration District No. **1003**

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

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: **City Sanitarium 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2yrs. 29ds.** (Specify whether
In this community **37 yrs.** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **PAUL POLLARD**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **None**

4. Sex **Male 0** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Laura** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **August 2 1877**
(Month) (Day) (Year)

8. AGE: Years **69** Months **6** Days **12** If less than one day
hr. min.

9. Birthplace **Newport Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Tinner**

11. Industry or business _____

12. Name **Timothy Pollard**

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

14. Maiden name **Laura Arndt**

15. Birthplace **St. Louis Missouri 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara Robinson**
(b) Address **5400 Arsenal St.**

17. (a) **Removal-Motor** (b) Date thereof **2/17/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Hill Cemetery
Belleville, Ill**

18. (a) Signature of funeral director **Walter Hilde**
(b) Address **3634 Gravois-St. Louis**

19. (a) **FEB 17 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. **3720 Gravois Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **14**
year **1947** hour **5.39** minute **P** M.

21. I hereby certify that I attended the deceased from **May 1st**, 19**46** to **Feb. 14,** 19**47**;
that I last saw h. **im** alive on **Feb. 14,** 19**47**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia** Duration **2 ds.**

Due to **Senility.**

Due to _____

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

Major findings: _____
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)

Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury **0**

23. Signature **Paul T. Hartman** (M. D. coroner)
Address **5400 Arsenal St.** Date signed **2/15/47**

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..... *Frank J. Gylaw*

Licensed Embalmer No. *2675*

P. O. Address. *St. Louis*

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.