. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 13 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19249

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5491

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: Missouri Pacific Hospital
(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)

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. 3001 Chouteau
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alex Pollard
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jennie Pollard
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unk. (Month) 1874 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 73	?	?	hr. min.

9. Birthplace St. Joseph, La. (City, town, or county) (State or foreign country)
10. Usual occupation Porter (Bldg.)
11. Industry or business Railroad
FATHER
12. Name Samuel Pollard
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Teresa
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Earl V. Pollard
(b) Address 4546 Cote Brilliante
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery
18. (a) Signature of funeral director Russell Und., Co.
(b) Address 2732 Pine Street
19. (a) JUN 3 (Date received local registrar) (b) J. F. Breuer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30
year 1947 hour 7 minute 18 A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Palmer E. Taylor (M. D. or other)
Address Dept. Date signed 6/2/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. .....

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.