FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20322

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5018

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St.Louis d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CITY HOSPITAL	e. STREET ADDRESS (If rural, give location) 1837 Kennett Pl.

223 9/10

3. NAME OF DECEASED (Type or Print)	a. (First) MARTIN (Mark)	b. (Middle)	c. (Last) POLLARD
4. DATE OF DEATH	(Month) JUNE	(Day) 7,	(Year) 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH April 12-1887
9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glazier	10b. KIND OF BUSINESS OR INDUSTRY Glass	11. BIRTHPLACE (City and State or Foreign Country) St.Louis,Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Unknown Pollard	13b. MOTHER'S MAIDEN NAME Bridget Kennedy	14. NAME OF HUSBAND OR WIFE Marie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. 497-07-1504	17. INFORMANT'S SIGNATURE OR NAME Robert Pollard, 3529 Victor St.	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* 6-6-55, 19__, *to* 6-7-55, 19__, *that I last saw the deceased alive on* 6-7-55, 19__, *and that death occurred at* 5:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 6-8-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-10-55	24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) (State) St.Louis,Mo.		
DATE REC'D BY LOCAL REG. JUN 9 1955	REGISTRAR'S SIGNATURE J Earl Smith MD MDB	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H.Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 41

P. O. Address S. Haines

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.