

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-012084

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 830 STATE FILE NUMBER

**FILED DEATH 10 1961**

1. PLACE OF DEATH (a. COUNTY St. Louis) (b. CITY OR TOWN Richmond Heights) (c. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital) (d. STREET ADDRESS 7702 Arthur Ave.)

2. USUAL RESIDENCE (a. STATE Mo. b. COUNTY St. Louis) (c. CITY OR TOWN Richmond Heights) (d. STREET ADDRESS 7702 Arthur Ave.)

3. NAME OF DECEASED (First GUY Middle L Last POLLARD) 4. DATE OF DEATH (Month March Day 25 Year 1961)

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Apr. 29, 1888 9. AGE (last birthday) 72

10a. USUAL OCCUPATION Retired Banker 10b. KIND OF BUSINESS OR INDUSTRY Clayton Natl. Bank 11. BIRTHPLACE Old Monroe, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Wm. G. Pollard 13b. MOTHER'S MAIDEN NAME Laura H. Cottle 14. NAME OF HUSBAND OR WIFE Elizabeth Pollard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. 17. INFORMANT Allen Pollard Address El Dorado Spgs., Mo.

18. CAUSE OF DEATH (PART I. IMMEDIATE CAUSE (a) Thrombosis of the Abdominal Aorta (b) Hypertensive Cardiovascular Disease) (c) Syncope) (PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)) (PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown)

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED.

20c. TIME OF INJURY (Hour 8:55 a.m. p.m.) (Month, Day, Year 3-22-61)

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION St. Louis, Mo. COUNTY STATE

21. I attended the deceased from 3-22-61 to 3-25-61 and last saw him alive on 3-25-61 Death occurred at 8:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John M. McArthur MD 22b. ADDRESS 4161 Lindell Blvd., St. Louis 8, 22c. DATE SIGNED 3-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Mar; 29, 1961 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR A. H. BOCKLAGE ADDRESS 6536 Clayton Rd. 25. DATE RECD. BY LOCAL REG. 3-27-61 26. REGISTRAR'S SIGNATURE John M. McArthur MD

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. W. P. Embler  
Licensed Embalmer No. 3653

P. O. Address J. L. Lewis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.