

FILLED NOV 3 1941

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2181

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 2016 St. Clair
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country Yes

3. (a) PRINT FULL NAME Albert Pomery

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nellie Pomery, nee Crews 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: 7 (Month) 17 (Day) 1867 (Year)

8. AGE: Years 74 Months 3 Days 9 If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Railroad switchman

MOTHER FATHER { 12. Name James Pomery

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Anna Carter

15. Birthplace St. Charles, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ora Ellen Pomery

(b) Address 2016 St. Clair Ave.

17. (a) Burial (b) Date thereof 10/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. OCT 28 1941 (Date received local registrar) (b) H. Mc. Larson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 26 year 1941 hour 6:56 P.M. minute. M.

21. I hereby certify that I attended the deceased from 10-23-41 19. to 10-26-41 19. that I last saw him alive on 10-26-41 19. and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion Duration 4 days

Due to.....

Due to..... 94%

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

Major findings: Of operations

Of autopsy Coronary occlusion myocardial infarct

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

23. Signature G. B. Carter (M. D. or other)

Address St. Louis County Hospital Date signed 10-26-41

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

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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. 1994

P. O. Address A. Jones

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.