

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10869

FILED APR 8 1949

State File No. 2864

318

1003

Registrar's No.

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|---|--|---|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Mad</i> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> | | 17 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3110 N. MARKET ST.</i> | | | | d. STREET ADDRESS (If rural, give location) <i>3110 N. MARKET ST. 0</i> | | | |
| 3. NAME OF DECEASED (Type or Print) <i>JENNIE POMEROY</i> | | a. (First) | | b. (Middle) <i>POMEROY</i> | | c. (Last) <i>ZANG</i> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <i>MARCH 26th 1949</i> | | 5. SEX <i>FEMALE</i> | | 6. COLOR OR RACE <i>WHITE</i> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i> | |
| 8. DATE OF BIRTH <i>FEB. 9th 1863</i> | | 9. AGE (In years last birthday) <i>86</i> | | 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) <i>HOUSEWORK</i> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <i>QUINCY, ILLINOIS</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | |
| 13a. FATHER'S NAME <i>WILSON LANE</i> | | 13b. MOTHER'S MAIDEN NAME <i>JANE SIMMONS</i> | | 14. NAME OF HUSBAND OR WIFE <i>LATE WILLIAM ZANG</i> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>HAROLD W. KING, 2044 RANCHO DALE DR.</i> | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Partial Intestinal Obstruction</i> | | | | INTERVAL BETWEEN ONSET AND DEATH... <i>7 1/2 days</i> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carcinomas of Sigmoid & Descending Colon</i> | | | | <i>months L.</i> | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>46 a</i> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>1531</i> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <i>March 21, 1949</i> , to <i>March 26, 1949</i> , that I last saw the deceased alive on <i>March 26, 1949</i> , and that death occurred at <i>11:25 P. M.</i> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>Melvin Jess M.D.</i> | | | | 23b. ADDRESS <i>4118 1/2 West Florissant Ave</i> | | 23c. DATE SIGNED <i>3-28-49</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i> | | 24b. DATE <i>3-30-49</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>VALHALLA CEMETERY</i> | | 24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i> | |
| DATE REC'D BY LOCAL REG. <i>MAR 30 1949</i> | | REGISTRAR'S SIGNATURE <i>J. B. Pasater</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>CALVIN F. FEUTZ FUNERAL HOME</i> | | ADDRESS <i>4828 NATL. BRIDGE BLVD</i> | |

(Licensed Embalmer's Statement on Reverse Side)

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

Boas
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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John A. Melina

Licensed Embalmer No. *4186*

P. O. Address *St. Louis, Mo*

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.