

FILED MAR 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. **10961**
Registrar's No. **1492**

318 **1003**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give town or town) **St. Louis**
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Enroute City Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** **2199**
 d. STREET ADDRESS (If rural, give location) **380 N. Taylor**

3. NAME OF DECEASED
 a. (First) **Hallie** b. (Middle) **B.** c. (Last) **Pomeroy**

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 10, 1950

5. SEX **Female** **6. COLOR OR RACE** **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH
March 1, 1904

9. AGE (In years) (last birthday) **45**
 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Writer

10b. KIND OF BUSINESS OR INDUSTRY **Army Finance Center** **11. BIRTHPLACE** (State or foreign country) **Oakland, Cal.**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **John N. Pomeroy**

13b. MOTHER'S MAIDEN NAME **Ann Barrington**

14. NAME OF HUSBAND OR WIFE **Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME **Mrs. W.W. Schirmer** **ADDRESS** **Box 1094, Carmel, Cal.**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Subdural hemorrhage, Oedema of brain, following fall in room of home 380 N Taylor**
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
DUE TO **Acc. about Feb 7 1950**
II. OTHER SIGNIFICANT CONDITIONS (exact time unknown)
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **Accident RFD**

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) **Accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
St. Louis Mo. 9/230

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Feb 7 50 7 m.**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **20**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:55 p.m., from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) **Patrick E. Taylor Cor. 3**

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **2-14-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation**

24b. DATE **2-15-50**

24c. NAME OF CEMETERY OR CREMATORY **Valhalla**

24d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE **FEB 14 1950 J. B. Kasater**

25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. H. ppe** **ADDRESS** **4700 Washington Blvd.**

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

None

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... No. Embalm.....

Signed.....
Student Embalmer

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.