No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10344

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2684

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6927 Berthold Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2049
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 6927 Berthold Ave.

3. NAME OF DECEASED (Type or Print) a. (First) ORA b. (Middle) ELLEN c. (Last) POMEROY

4. DATE OF DEATH (Month) #3 (Day) 22 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 5/10/1876
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 10 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) St. Charles Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Mathew Crews
13b. MOTHER'S MAIDEN NAME ?
14. NAME OF HUSBAND OR WIFE Albert M. Pomeroy Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs E. S. Robson 6927 Berthold Ave

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) Chronic Endocarditis

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.

INTERVAL BETWEEN ONSET AND DEATH

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) 421.4 (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?

22. *I hereby certify that I attended the deceased from* Sept 1953, *19*___, *to* 3/22/54, *19*___, *that I last saw the deceased alive on* 3/22/54, *19*___, *and that death occurred at* 11.50A *m., from the causes and on the date stated above.*

23a. SIGNATURE M. E. Sheets (Degree or title) M.D.
23b. ADDRESS 4329 Manchester Ave.
23c. DATE SIGNED 3/23/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3/25/54
24c. NAME OF CEMETERY OR CREMATORY Valhallla Cemmetery
24d. LOCATION (City, town, or county) (State) St. Louis County Missouri

DATE REC'D BY LOCAL REG. MAR 24 1954
REGISTRAR'S SIGNATURE J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary 6633 C Layton Road

(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 embalmed by me, or by.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Ernest W. Spillers

Signed.....
Student Embalmer

Licensed Embalmer No. 4080

P. O. Address.....

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

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