

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28687

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. St. Johns Hospital) St. _____ Ward _____
 File No. _____ Registered No. **8147**

2. FULL NAME

George W. Pomeroy
 (a) Residence. No. 3341 Clara Ave. St. 6 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

1. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 10, 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

17. I HEREBY CERTIFY That I attended deceased from August 8, 1928, to August 10, 1928 that I last saw him alive on August 9, 1928, and that death occurred, on the date stated above, at 5:17 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26, 1928

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— | — | 14 | — | — | —

1091A
157D
Broncho pneumonia
Secondary (duration) — yrs. — mos. 1 ds.
 CONTRIBUTORY Congenital pyloric stenosis (SECONDARY) (duration) — yrs. — mos. 5 ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF August 8, 1928
 WAS THERE AN AUTOPSY? No

10. NAME OF FATHER George W. Pomeroy

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & pathological
 (Signed) William H. Norton, M.D.
Aug 10, 1928 (Address) 611 Metropolitan Bldg.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill. (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Mrs. King

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill. (STATE OR COUNTRY) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT G.W. Pomeroy (Address) 3341 Clara Ave.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Aug 11, 1928

15. FILED 6 10 1928 Max C. Starckoff REGISTRAR

20. UNDERTAKER Drehmann Funeral ADDRESS 1905 Union

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Met. Bldy
Jff. 45841

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