

Rev. 5-17-39 1 X1951
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. **791** Primary Registration District No. _____ Registrar's No. **8897**

1. PLACE OF DEATH: **1003** **NOV 13 1939**
 (a) County _____
 (b) City or town **St. Louis, Missouri**
 (c) Name of hospital or institution: **City Hospital, #1**
 (d) Length of stay: In hospital or institution **5 Days**
 In this community **20 yrs**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis** **23**
 (d) Street No. **720 Lami Ave**
 (e) If foreign born, how long in U. S. A. **35** years.

3. (a) PRINT FULL NAME **Andrew Pomirko**
 (b) If veteran, name war **No**
 (c) Social Security No. **489-10-8180**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **October**, day **17**, year **1939** hour **4:40** minute **P.** M.

4. Sex **Female** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Catherine Pomirko** 6. (c) Age of husband or wife if alive **53** years
 7. Birth date of deceased **DEC. 13, 1890**

21. I hereby certify that I attended the deceased from **October 13, 1939** to **October 17, 1939**
 that I last saw him alive on **October 17, 1939** and that death occurred on the date and hour stated above.
 Immediate cause of death **Cancer of the Stomach** Duration _____

8. AGE: Years **48** Months **10** Days **4** If less than one day hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations **above**
 Of autopsy **none**

9. Birthplace **Not Known Galecia**
 10. Usual occupation **LABORER**
 11. Industry or business **Foundry**
 12. Name **Steve Pomirko**
 13. Birthplace **Not Known Galecia**
 14. Maiden name **Rose Barbach**
 15. Birthplace **Not Known Galecia**

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature **Catherine Pomirko**
 (b) Address **720 Lami St**
 17. (a) **Burial** (b) Date thereof **10/28/39**
 (c) Place: burial or cremation **SS Peter Paul Cem**
 18. (a) Signature of funeral director **Pete Pulich**
 (b) Address **1716 S. Jeff.**
 19. (a) **OCT 19 1939** (b) _____

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 **H. A. Casberg** (M. D. or other) _____
 Address **1515 Lafayette** Date signed **10/28/39**

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. *1591*

P. O. Address *4106 E. Belmore*

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, above space should be left blank.