

Registration District No. **791** Primary Registration District No. **1003**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3225 Longfellow Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
In this community **68 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Robert W. Pommer**

8. (b) If veteran, name war **none** 8. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 25 1854**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 2 13 hr. min.

9. Birthplace **Dortmund Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Wholesale Seeds**

MOTHER FATHER
12. Name **William Pommer**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **C. Robert Pommer**
(b) Address **36 Ridgetop Dr. Richmond Hts**

17. (a) **Burial** (b) Date thereof **11/9/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine**

18. (a) Signature of funeral director **Wagoner Und. Co.**
(b) Address **3621 Olive, St. Louis, Mo.**

19. (a) **NOV 9 1940** (Date received local registrar)
J. F. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis.** (If outside city or town limits, write "RURAL")
(d) Street No. **3225 Longfellow Blvd.** (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **8**
year **1940** hour **1** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **July 1**, 1940, to **Nov 8**, 1940;
that I last saw him alive on **Nov 7**, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Arteriosclerosis**
my condition (chronic)
Due to: **Hypertrophie Prostate**
Cystitis non catarrhal
non tubercular
non gonococic
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings: Of operations _____
Of autopsy **93C**

Underline the cause to which death should be charged statistically.

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 **L. H. Kump** (M. D. or other)
Address **207 Bonhomme St.** Date signed **11/9/40**

WRITE PLAINLY—USE 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.....

Robert T. Sangster

....., Registered Apprentice No. **259**

working under my personal supervision.

Signed

Neville D. Holwitt

Licensed Embalmer No. **3696**

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, above space should be left blank.