S. No. 2
0M—2-43
v 5-17-39
X35537

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 16484

FILED JUN 9 1943 3 18

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 5072

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

**1. PLACE OF DEATH:**

(a) County .....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 11 days
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 997

(a) State Ills. (b) County Madison

(c) City or ~~town~~ Collinsville 11 N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 226 S. Chestnut
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME George Pomotot

3. (b) If veteran, name war no

3. (c) Social Security No. 344-03-6469

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Amelia Pomotot

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb 7th 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months ~~3~~ 4 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Sarbogan (City, town, or county) Lithuania (State or foreign country) 8

10. Usual occupation Miner

11. Industry or business Coal

FATHER
12. Name Pete Pomotot
13. Birthplace Not known (City, town, or county) Lithuania (State or foreign country) 8

MOTHER
14. Maiden name Not known
15. Birthplace Not known (City, town, or county) Lithuania (State or foreign country) 8

16. (a) Informant Richard Pomotot
(b) Address Collinsville, Ills.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5/31/43 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Collinsville Ills.

18. (a) Signature of funeral director Geo. M. Schroeppel
(b) Address Collinsville, Ills.

19. (a) JUN 2 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jmdy day 30
year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-19- 1943 to 5-30 1943
that I last saw him alive on 4-30 1943;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Carcinoma of Esophagus | 6 mos. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations Carcinoma of Esophagus
Of autopsy

PHYSICIAN
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. K. Poppe, M.D. (M. D. or other)

Address BARNES HOSPITAL Date signed 5/30/43

8/14

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 1944

NOV 24 1944

## 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 Geo. M. Schnoppel

Licensed Embalmer No. 1598

P. O. Address Collinsville Ill

**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.**