

No. 2
-2.43
-17-39
X35697

FILED FEB 11 1944 18

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1030

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Christian Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 17 11

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4142 Maffitt Ave.
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country J.

3. (a) PRINT FULL NAME Calogero Pomillo.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Catherine Pomillo.

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 29, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>7</u>	<u>2</u>	hr. min.

9. Birthplace Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Junker.

11. Industry or business Self.

12. Name Anthony Pomillo

13. Birthplace Italy
(City, town, or county) (State or foreign country)

14. Maiden name Mary Unknown.

15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Caterina Pomillo

(b) Address 4142 Maffitt Ave.

17. (a) Burial (b) Date thereof Feb. 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bennet Nechaus

(b) Address 1431 E. Hensiek-Nichaus.

19. (a) FEB 1 1944 (b) J. F. ...
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1944 hour 2 minute a M.

21. I hereby certify that I attended the deceased from Jan 26, 1944, to Jan 31, 1944
that I last saw him alive on Jan 31, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor.

Due to - Non-malignant

Due to 56

Other conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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? _____ Means of injury _____

23. Signature A. H. ... (M. D. or other) _____
Address 1901 Madison St. Date signed 2/11/44

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

MOTHER FATHER

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.

..... Registered Apprentice No.

Signed.....

Francis Behrens

..... Licensed Embalmer No.

7915

..... P. O. Address

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.