No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 23 1947

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22573

Registrar's No. 5826

WRITE PLAINLY—USING 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: Infirmary Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6/18/46 To 6/12/47 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3823 Washington Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? 19 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROBERT POMPLUM

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 4 (Day) 1880 (Year)

8. AGE: Years 67 Months 1 Days 8 If less than one day hr. min.

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

10. Usual occupation Const. Worker

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 14 (Day) 47 (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JUN 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1947 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 18, 1946 to June 12, 1947
that I last saw him alive on June 12, 1947
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Heart disease arteriosclerotic 93c — many years

Due to Heart failure 200 A — 3 days

Due to Hypertension 93c — many years

Due to old cerebral paralysis 83

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93

Of autopsy

PHYSICIAN

Underline the cause of 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 0

23. Signature M. P. Shorney (M. D. or other)

Address 5600 Arsenal Date signed 6-12-47

M.P.Shorney

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Dale A. Thomas, Registered Apprentice No. 420, working under my personal supervision.

Signed Richard W. Stovesand

Licensed Embalmer No. 4-007

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.