S. No. 300
V. 10.48

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1921

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellsville
c. LENGTH OF STAY (In this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo COUNTY: St Louis Mo
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis Mo 2239
d. STREET ADDRESS (If rural, give location): 5529 S. 11th St

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Willard
c. (Last): Pomeroy

4. DATE OF DEATH (Month) (Day) (Year): Jan 31 1951

5. SEX: Male
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 16 1894
9. AGE (In years last birthday): 56 — If under 1 year: Months 4 Days 5 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10b. KIND OF BUSINESS OR INDUSTRY: Mfg. of Hats
11. BIRTHPLACE (State or foreign country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Samuel S Pomeroy
13b. MOTHER'S MAIDEN NAME: Mary Calman
14. NAME OF HUSBAND OR WIFE: Gladys Pomeroy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 489-05-2273
17. INFORMANT'S SIGNATURE OR NAME: Donald W Pomeroy
ADDRESS: St Louis Mo

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): —

DUE TO (c): —

4231

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Jan 31, 1951, *to* Jan 31, 1951, *that I last saw the deceased alive on* Jan 31, 1951, *and that death occurred at* 7:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willis H. Wallace M.D.
23b. ADDRESS: Wellsville Mo
23c. DATE SIGNED: Jan 31, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-24-51
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG.: 1-31-51
REGISTRAR'S SIGNATURE: W. S. Romans Jr. M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Alexander Eden
ADDRESS: 6175 Delmar Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 29 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

FEB 6 1951

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.

Student Embalmer No.....

Signed Joe McCullol

Signed.....
Student Embalmer

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar Blvd

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 1921

State of Mo. } ss.
~~County~~ City of St. Louis

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 26th day of January, 1951, before me appears Mrs. Laura Nisbet, who, upon her oath, states that the original record of ~~birth~~ death for Charles Willard Pomeroy ~~born~~ died January 21, 1951, 19..., in the State of Missouri, and which was filed at Wellsville, Mo. on Jan. 21, 1951, should be corrected as follows:

Item No. 8 should read April 16, 1894

Instead of April 16, 1892

Item No. 9 should read 56 - 9 - 5

Instead of 58 - 19 - 5

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Laura Pomeroy Nisbet
Relationship.

635 Downing St
Denver, Colo.
Present Address.

Subscribed and sworn to before me this 26th day of January, 1951.

My Commission expires Oct 31, 1952 M. H. Alexander Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

rm V. S. 135
10M-5-43
I X38929