

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35842
Registrar's No. 8598

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|---|--|---|------------------------------------|--|--|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 8598 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3668a Bates St. | | | | e. STREET ADDRESS (If rural, give location) 3668a Bates St. | | | | | |
| 3. NAME OF DECEASED (Type or Print) LOUIS | | | a. (First) _____ | | b. (Middle) A. | | c. (Last) POMMER | | |
| 4. DATE OF DEATH | | (Month) Sep. | | (Day) 18 | | (Year) 1954 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | | 8. DATE OF BIRTH April 4, 1887 | | | |
| 9. AGE (In years last birthday) 67 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-G. S. Robins Chemical Co. | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | | |
| 12. CITIZEN OF WHAT COUNTRY? _____ | | | 13a. FATHER'S NAME Theodore Pommer | | 13b. MOTHER'S MAIDEN NAME Mary Zohner | | 14. NAME OF HUSBAND OR WIFE Late Alvina D. Pommer | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 494-09-8333 | | 17. INFORMANT'S SIGNATURE OR NAME Alois Pommer | | | | ADDRESS 4248 Connecticut St. | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion (C.D.)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ 4201 | | | | | |
| 22. I hereby certify that I attended the deceased from 5/4, 1954, to 8/3, 1954, that I last saw the deceased alive on 8/3, 1954, and that death occurred at 4:30 A.M., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE John S. Plemons, M.D. | | | | (Degree or title) _____ | | 23b. ADDRESS 3632 Bates St. | | 23c. DATE SIGNED 9/20/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Sep. 22, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY St. Matthew Cemetery | | 24d. LOCATION (City, town, or county) St. Louis, Mo. | | (State) _____ | |
| DATE REC'D BY LOCAL REG. SEP 20 1954 | | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl. | | | | |

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard W. Storvick*

Licensed Embalmer No. *400*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.