

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42510

State File No. _____

FILED JAN 17 1956

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>17 Days</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>14</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri Baptist Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>17 4556 Tower Grove Pl.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gustav</u> b. (Middle) <u>F.</u> c. (Last) <u>Pommer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 1955</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept. 25, 1882</u>			
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>3</u> DAYS <u>6</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Checker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Butler Bros.</u>							
13a. FATHER'S NAME <u>Frederick Pommer</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Langenberg</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-09-2856a</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eleanor Rechenmacher</u> ADDRESS <u>Tower 4556 Grove Pl</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism, bilateral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Splenic abscess with adhesions to bowel pulled loose + focal peritonitis</u> DUE TO (c) <u>Cardio-Vascular Syphilis</u> 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 checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>12-14</u> , 19 <u>55</u> , to <u>12-30</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-30</u> , 19 <u>55</u> , and that death occurred at <u>2:20 Am.</u> , from the causes and, on the date stated above.									
23a. SIGNATURE (Type or Print) <u>Wm. Schumacher</u>				23b. ADDRESS <u>St. Louis 1 Mo</u>		23c. DATE SIGNED <u>1-3-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 3, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JAN 3 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Schumacher</u> ADDRESS <u>3013 Meramec St.</u>					

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

Walter Williamson
Ch. 1-5355
906 Olive

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Jack Haupt*

Licensed Embalmer No..... 4

P. O. Address..... *H. Haupt*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.