MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21865

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Barnes Hosp. St. ..... Ward)

File No. .....

Registered No. 5984

2. FULL NAME Ponketto, Frank, C.

(a) Residence. No. O'Fallon, Ill. St. 12 Ward. O'Fallon Ill

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Josephine Myers

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 25-1863

7. AGE — Years: 65 | Months: 1 | Days: 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Miner

(b) General nature of industry, business, or establishment in which employed (or employer): Bituminous

(c) Name of employer: Perry Coal Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Italy

PARENTS

10. NAME OF FATHER: Antonio Ponketto.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Italy.

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

14. INFORMANT: Tony Ponketto

(Address) 9 Park Pike Pontiac Mich

15. FILED JUN -1 1928 Ray C. Starks, REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 2 1928

17. I HEREBY CERTIFY, That I attended deceased from 5-16, 1928, to 6-2, 1928 that I last saw h. i. M. alive on 6-2, 1928 and that death occurred, on the date stated above, at 4:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Stomach

1(a) b

1(b) c

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Pulmonary Edema (cause unknown)

non Tubercular (duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

1 DID AN OPERATION PRECEDE DEATH? yes. DATE OF 5/29/28

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Exam.

(Signed) A.L. Henderman, M. D

, 19 (Address) Barnes Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Shiloh Illinois — DATE OF BURIAL: June 5 1928

20. UNDERTAKER: M. K. Schwarz — ADDRESS 484 N. Oak O'Fallon

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD