

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

Do not use this space.

14046

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 3904, R. 23)

File No.....  
Registered No. 3368  
St. .... Ward

**2. FULL NAME**

(a) Residence. No. 3904 R. 23<sup>a</sup> St. 20 Ward.

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) APR 1 - 1930 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas E. Mountain

17. I HEREBY CERTIFY, That I attended deceased from Dec 23 - 1929 to Apr 1 - 1930 that I last saw him alive on Apr 1 - 1930, and that death occurred, on the date stated above, at 8:45 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 11, 1880

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, .....hrs. or .....min. |
|--------|-----------|----------|-----------|--|
|        | <u>49</u> | <u>3</u> | <u>20</u> |  |

Apoplexy & cerebral hemorrhage

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Housework  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

CONTRIBUTORY (SECONDARY) 7401  
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Henry Ponte

18 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) C. Mellis M. D.

12. MAIDEN NAME OF MOTHER Minnieunkovics

Apr 2, 1930 (Address) 3825 N 20

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

\*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.

14. INFORMANT Thos. E. Mountain  
(Address) 3904 R. 23<sup>a</sup>

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis Cemetery DATE OF BURIAL 4-4-1930

15. FILED APR -4 1930 REGISTRAR Thos. H. Deiderwiden

20. UNDERTAKER Thos. H. Deiderwiden ADDRESS St. Louis

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

