

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

Do not use this space.

**33977**

**1. PLACE OF DEATH**

County..... Registration District No. *5107*  
 Township..... Primary Registration District No. *5107*  
 City..... *St. Louis* (No. *4631 - Delmar*) St. *Delmar* Ward *6*

File No.....  
 Registered No. **9323**

**2. FULL NAME**

*Hirma Marie Ponscarne*

(a) Residence, No. .... St. *19* 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**

3. SEX *Female* 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 *Joseph F Ponscarne*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 29 1849*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*86 11 20*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at Home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *France ?*

13. NAME *John George*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *France*

15. MAIDEN NAME *Victoria Granier*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *France*

17. INFORMANT *Soma L. Ponscarne* (ADDRESS) *4631 - Delmar*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Oct 21 1932*

19. UNDERTAKER *Arthur J. Donnelly and Co* (ADDRESS) *2029 Grand St*

20. FILED *Oct 21 1932* *Max E. Parker* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 19 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1932* to *Oct 18 1932*

I last saw h. w. alive on *Oct 18 1932* Death is said to have occurred on the date stated above, at *5 R.*

The principal cause of death and related causes of importance were as follows:

*Valv. Dis. of Heart*  
*Chronic Nephritis*  
*Arteriosclerosis*

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *no*  
 If so, specify.....

(Signed) *Hillis Hall*, M. D.  
 (Address) *5219 Delmar*

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

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.

Mr. William H. H. H.

5219 Belmont

Ro 0145