

SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township St. Louis
City..... (No.)

Registration District No. 791
Primary Registration District No. 1003
City Hospital No. 1

32648

File No.
Registered No. 8521
St. Ward)

B. 6926 Louise Ponath

Z. FULL NAME 2900 BARRETT St. 10 Ward.

(a) Residence, No. 2900 BARRETT St. 10 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 69 yrs. 9 mos. 13 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Ponath

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-2-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 9 13

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hwklder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. huf.
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) ST. LOUIS Missouri

FATHER
13. NAME ERNEST BRUNSMAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME MIRNIE KRITZ

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) Hosp. Info. M.H. Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. PETERS DATE AUG. 17, 1936

19. UNDERTAKER (ADDRESS) SUEDMEYER & SONS 3934 N. 20th St.

20. FILED AUG 16 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/15/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/5/36, 19, to 8/15/36, 19

I last saw h. her on 8/15/36, 19. Death is said to have occurred on the date stated above, at 4/15 ma

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

Cerebro-vascular accident
Cerebral arteriosclerosis
Other contributory causes of importance: 82a
Pulmonary congestion

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) Chas. W. Jessico, M. D.

(Address) City Hospital No. 1

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.

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