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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30594

MAILED OCT 25 1940
791

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7871

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Edward Ponath

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 22 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 0 29 hr. min.

9. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation Barber - Proprietor

11. Industry or business _____

12. Name Edward Ponath

13. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

14. Maiden name Mary Loesch

15. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

16. (a) Informant Eldon Ahman

(b) Address 3946 Oleatha Ave.

17. (a) Burial (b) Date thereof 9-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshaker Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 21 1940 (b) _____
(Obtained from local health officer)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 4715 Macklind Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20,
year 1940 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from September 19,
19 40 to September 20, 19 40,
that I last saw h. im alive on September 20, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myo carditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Staves Freedman (M. D. or other) _____

Address 1515 Lafayette Avenue Date signed 9/20/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Richard K. Lehmann*

Licensed Embalmer No. *3395*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.