

LED JAN 15 1940
791

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs + 45 min
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME DEAN DELBERT PONELEIT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased 11 30 40
(Month) (Day) (Year)

8. AGE: Years 3 Months 10 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Collinsville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____

12. Name Geo H. Poneleit

18. Birthplace Collinsville Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Marye Powers

15. Birthplace Marywell Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Patricia Moore

(b) Address St. Louis Children's Hospital

17. (a) Removal (b) Date thereof 12-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville, Ill.

18. (a) Signature of funeral director Albert S. Hoppe

(b) Address 4700 Washington St.

19. (a) DEC 2 1940 (b) J. H. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Collinsville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 405 N. Aurora
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1940 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from 11-30, 1940, to 11-30, 1940, that I last saw him alive on 11-30, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Wilms' Tumor Metastasis

Due to _____
Due to _____

Other conditions Family pathology 1st 1/2 of body
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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

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) (e) Means of injury _____
28. Signature [Signature] (M. D. or other) _____
Address 501 So. Kuyper signed _____

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

0-39
-39
21492

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 Albert G. Hoffa

Licensed Embalmer No. 2971

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.