

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19498
Registrar's No. 5982

FILED JUL 15 1944

Registration District No. 318 Primary-Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether
In this community 0
years, months or days)

3. (a) PRINT FULL NAME Sebastian Frank Pono

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

4. Sex Male 5. Color or race White 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 June 30 1944
(Month) (Day) (Year)

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

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

10. Usual occupation none

11. Industry or business.....

MOTHER FATHER
12. Name Frank M. Pono
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Louis Rose Herman
15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant Frank M. Pono
(b) Address Baden Station Box 929
17. (a) Burial (b) Date thereof 7-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. Mich-Sons
(b) Address 1150 N. Kingshighway
19. (a) J. F. Bredek
(Date of death) (City, town, or county) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96
(c) City or town Rural Baden Station
(If outside city or town limits, write "RURAL")
(d) Street No. Baden Station Box 929
(If rural, give location) N.R.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1944 hour..... minute 11 A.M.

21. I hereby certify that I attended the deceased from June 30 1944 to July 3 1944
that I last saw him alive on July 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death atelectasis of lungs
Duration.....

Due to Hydronephrosis of kidneys

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

Major findings:
Of operations.....
Of autopsy Yes - De Paul Hosp.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(c) 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 0
23. Signature Fred V. Connerly (M. D. or other)
Address 713 Metropolitan Bldg Date signed 7/3/44

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. *W. Embalmer*

Signed *P. Ricci*.....

Licensed Embalmer No.....

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, fact should be so stated above.