

U. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19121  
State File No.

Registration District No. **318** Primary Registration District No. **3003** Registrar's No. **5736**

1. PLACE OF DEATH:  
(a) County **St. Louis, Mo.**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5341 N. Kingshighway**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **001**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**  
(d) Street No. **5341 N. Kingshighway** (If rural, give location) **17**  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Paul Joseph Ponsot**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. **493-10-9506**

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Magdalene Martin**  
6. (c) Age of husband or wife if alive **65** years  
7. Birth date of deceased **June 24, 1873**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **0** Days **6** If less than one day  
hr. min.

9. Birthplace **St. Marie, Ill.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Retired Motorman**

11. Industry or business \_\_\_\_\_  
12. Name **Joseph Ponsot**  
13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **#**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Paul Ponsot**  
(b) Address **5341 N. Kingshighway**  
17. (a) **Burial** (b) Date thereof **July 3, 45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**  
18. (a) Signature of funeral director **Bromschwig Und. Co.**  
(b) Address **4746 West Florissant**  
19. (a) **JUL 2 1945** (b) **J. F. Brudick**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **30**  
year **1945** hour **2** minute **15** A. M.  
21. I hereby certify that I attended the deceased from **5-7-45** to **6-30-45**, 19 **45**  
that I last saw him alive on **6-30-45**, 19 **45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
**Arterio Sclerosis**  
**Hypertension**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **82**  
(Include pregnancy within 3 months of death) -  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
**3 days**

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) (b) Means of injury \_\_\_\_\_  
23. Signature **Chas. J. Ponsot** (M. D. or other) **504 Maple**  
Address **504 Maple** Date signed **6-30-45**

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

MOTHER FATHER

OCT 18 1948

**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..... *W. W. Wilkin*.....

Licensed Embalmer No..... *3575*.....

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.**