

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35483  
State File No. 9141  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3135 Pennsylvania		d. STREET ADDRESS (If rural, give location) 16 3135 Pennsylvania	

3. NAME OF DECEASED (Type or Print) a. (First) Dorothy b. (Middle) E c. (Last) Ponnath			4. DATE OF DEATH (Month) (Day) (Year) October 22, 1949		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 26, 1910		9. AGE (In years last birthday) 38		10. UNDER 1 YEAR Months		10. UNDER 1 YEAR Days		10. UNDER 1 YEAR Hours		10. UNDER 1 YEAR Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME George E. Berberich		13b. MOTHER'S MAIDEN NAME Katie Fey		14. NAME OF HUSBAND OR WIFE George J. Ponnath			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George J. Ponnath, 3135 Pennsylvania			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage						10 minutes	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Hypertension DUE TO (c)						3 yrs 10 mos	
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 102.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 3.31X	
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22. I hereby certify that I attended the deceased from 4/25, 1946, to 10/22, 1949, that I last saw the deceased alive on 10/20, 1949, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE R. M. Shueb, M.D.		(Degree or title)		23b. ADDRESS 3402 California		23c. DATE SIGNED 10/22/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE October 25, 1949		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
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DATE RECEIVED BY LOCAL REG. OCT 25 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden Funeral Home, Inc. 1936 St. Lou			
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Dr. P. M. Smith  
3402 California  
3-5

Emb. separate cert for Calif OCT 1955

**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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

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.