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THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 8 1950

State File No. 38377  
Registrar's No. 10028

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 <u>Missouri</u> b. COUNTY	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1800 So. Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1800 So. Broadway</u>		e. STREET ADDRESS <u>1800 So. Broadway</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MYRTLE</u> b. (Middle) <u>PONDER</u> c. (Last) <u>CRAVATT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24 - 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>1-24-1889</u>	9. AGE (In years at birthday) <u>62</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT Home</u>		11. BIRTHPLACE (State or foreign country) <u>61</u> <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Joseph MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>Wm. Keweenaw Sherman</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>W</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph L. Ponder 1720 So. Bdwy</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial asthma</u> DUE TO (c) <u>acute crura (severe)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension, chronic cholecystitis.</u>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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)	
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? <u>2nd floor</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Frank Felder</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>1916a S. Broadway</u>		23c. DATE SIGNED <u>Nov. 25, 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>NOV 26 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin Fun'l. Hm 2301 LaFayette</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

144 files. dec. 11-29-50

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.....

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*H. G. Farris*

Signed.....

Student Embalmer

Licensed Embalmer No.

*3384*

P. O. Address

*St. Louis*

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.