

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27976**  
Registrar's No. **15**

FILED AUG 31 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **306** PRIMARY REG. DIST. NO. **6048**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b> <b>0920</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Calhoun</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>R. F.D. # 1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kampsville,</b> <b>8/20</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>O'Fallon, Missouri</b>		d. STREET ADDRESS (If rural, give location) <b>8</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b> b. (Middle) <b>Ette</b> c. (Last) <b>Pontero</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 27 1951</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Mozier, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>United States</b>					

13a. FATHER'S NAME <b>George Gardner</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Poor</b>		14. NAME OF HUSBAND OR WIFE <b>Louis F. Pontero</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>No.</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>S. Carl Sweeney 1149 1/2 N. Louisiana St. St. Louis, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>3 mo.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Liver</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Vericosities of the Esophagus</b>			<b>7 yrs</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>156A</b>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug. 20, 1951**, to **Aug. 27, 1951**, that I last saw the deceased alive on **Aug. 27, 1951**, and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W.E. Borgesen - D.O.</b>		23b. ADDRESS <b>Wentzville, Mo</b>		23c. DATE SIGNED <b>8-27-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>AUG. 29-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Silver Creek</b>	
DATE REC'D BY LOCAL REG. <b>Aug 27-51</b>		REGISTRAR'S SIGNATURE <b>E.A. Keithley 280</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Loyal W. Lenthgen 3740 S. Grand St. St. Louis, Mo</b>	

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

AUG 30 1951

RECEIVED

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**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.