

FILED MAR 5 1952

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

6706

State File No.

Registrar's No. **1429**

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) **St. Louis, Missouri** c. LENGTH OF STAY (In this place) **Lifetime**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2209**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital #1**

d. STREET ADDRESS (If rural, give location) **20 3935 N. 23rd. Street**

3. NAME OF DECEASED
a. (First) **ELIZABETH** b. (Middle) _____ c. (Last) **PONATH**

4. DATE OF DEATH (Month) (Day) (Year)
FEB. 14, 1952

5. SEX
Female

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Nov. 25, 1871

9. AGE (In years last birthday) **80** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (State or foreign country)
St. Louis, MO.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Anton Berkly

13b. MOTHER'S MAIDEN NAME
Maegaret Kraft

14. NAME OF HUSBAND OR WIFE
Edward Ponath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Kate Cahill 4655 Greer Ave.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pernicious anemia**
ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.

DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
1 mos.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR?
290.0

22. I hereby certify that I attended the deceased from **1-31-52**, 19___, to **2-14-52**, 19___, that I last saw the deceased alive on **2-14-52**, 19___, and that death occurred at **3:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
George M. Workman

23b. ADDRESS
1515 Lafayette Avenue

23c. DATE SIGNED
2-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
2-16-52

24c. NAME OF CEMETERY OR CREMATORY
Valhalla Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis County MO.

DATE REC'D BY LOCAL
FEB 15 1952

REGISTRAR'S SIGNATURE
J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
SUEDMEYER & SON'S 3934 N. 20th. Street

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Arthur W. Distate

Signed.....
Student Embalmer

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo.*

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.