

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

33883

State File No. 8065

FILED SEP 24 1953 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u> <u>211 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2614 N. TAYLOR AV. 11</u>		d. STREET ADDRESS (If rural, give location) <u>2614 N TAYLOR AV.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MALINDA</u> b. (Middle) <u>PONDexter</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>8 13 53</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>1-3-1888</u>
9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u>	11. IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State of Foreign Country) <u>LAMONT MISS.</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>ROBERT HURD</u>	
13b. MOTHER'S MAIDEN NAME <u>UNK.</u>		14. NAME OF HUSBAND OR WIFE <u>Wm PONDexter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alberta Green 2614 Taylor</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular Accident</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> 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 checked="" 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) <u>331X</u>			
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?			
22. I hereby certify that I attended the deceased from <u>8-14, 1953</u> , to <u>8-14, 1953</u> , that I last saw the deceased alive on <u>8-14, 1953</u> , and that death occurred at <u>7 1/2 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James M. Willis M.D.</u>		23b. ADDRESS <u>824 N Channing</u>	
23c. DATE SIGNED <u>8-15-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-20-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 19 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>A.F. Walker</u>		ADDRESS <u>2717 Stead rd</u>	

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Herlihy

Licensed Embalmer No. 4221

P. O. Address 4524 Alder

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.