

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. **6425**
Registrar's No. **1748**

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. _____ 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 township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hospital		d. STREET ADDRESS (If rural, give location) 4440 Swan Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Hubert c. (Last) Ponzar	4. DATE OF DEATH (Month) (Day) (Year) 2-22-1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-7-1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Organ Builder	10b. KIND OF BUSINESS OR INDUSTRY Kilgen Organ Co.	11. BIRTHPLACE (City and State or Foreign Country) Jefferson Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Andrew Ponzar	13b. MOTHER'S MAIDEN NAME Crecentia Speidel	14. NAME OF HUSBAND OR WIFE Adela Ponzar
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry Cernicek Ferguson	ADDRESS Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia of Lungs		INTERVAL BETWEEN ONSET AND DEATH 1-2 wks.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforated Gastric ulcers			1-2 wks.
	DUE TO (c) Coronaria of Sigmoid			1 yr.
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 checked="" 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)
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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? 5401H
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22. I hereby certify that I attended the deceased from **21-Feb**, 19**55**, to **2-22-**, 19**55**, that I last saw the deceased alive on **2-22-55**, 19**55**, and that death occurred at **4:20A** m., from the causes and on the date stated above.

23a. SIGNATURE George Whillgett (Degree or title) MD	23b. ADDRESS 4501st Manchester	23c. DATE SIGNED 22 Feb-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/25/55	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery De Soto, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. FEB 24 1955	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. J. ... ADDRESS De Soto Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

mjb.

(Licensed Embalmer's Statement on Reverse Side)

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 Samuel B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Lebanon 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.