No. 300
10.48

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

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7080

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 938

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3528 Franklin Av.

12. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location) 21 3528 Franklin Av. 2219

3. NAME OF DECEASED (Type or Print)
a. (First) Dudeing
b. (Middle)
c. (Last) Pond

4. DATE OF DEATH (Month) (Day) (Year) 11-26-1956

5. SEX M Male
6. COLOR OR RACE Yellow
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feby 7th 1885
9. AGE (In years last birthday) 70
If under 1 year: Months 11 Days 14
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Canton China
12. CITIZEN OF WHAT COUNTRY? China

13a. FATHER'S NAME Ting Mow Pond
13b. MOTHER'S MAIDEN NAME Chow Shee
14. NAME OF HUSBAND OR WIFE Young Shee Pond

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 Lukin Pond
ADDRESS 4737 McPherson

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Carcinoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH: 1 year
Carcinoma of esophagus — 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Anemia-inanition — 6 mos.
Anemia - Inanition — 6 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 150 X
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?

22. *I hereby certify that I attended the deceased from* 9-2, 1955, *to* 12-30, 1955, *that I last saw the deceased alive on* 12-30, 1955, *and that death occurred at* 5:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Frances R. Ritchie M.D. (Degree or title) M.D.
23b. ADDRESS 5233 Waterman
23c. DATE SIGNED 1-27-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE January 29, 1956
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.
24d. LOCATION (City, town, or county) St Charles Rock Road (State)

DATE REC'D BY LOCAL REG. JAN 27 1956
REGISTRAR'S SIGNATURE J Earl Smith MD
M.D.
(Licensed Embalmer's Statement on Reverse Side)

25. FUNERAL DIRECTOR'S SIGNATURE Bull-Campbell Mortuary
ADDRESS 565 Delmar

Ist ~~[illegible]~~ Ritchie Watermann

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. V E Morris

Licensed Embalmer No. 33

P. O. Address St Louis

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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