

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

State File No. **28989**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7530**

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b> | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN <b>St. Louis</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5978 Theodosia Ave.</b>                        |                                   | e. STREET ADDRESS (If rural, give location) <b>5978 Theodosia Ave. 2069</b>   |  |

|   |                               |   |  |   |                             |  |
|---|-------------------------------|---|--|---|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Michael</b> b. (Middle) <b>E</b> c. (Last) <b>Ponte</b>    |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Aug. 13 1956</b> |   |                             |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Sept. 20 1902</b>                        | 9. AGE (In years last birthday) <b>53</b>                               | 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) <b>Bus Operator</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Public Service Co.</b>           |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b> |                             | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME <b>Nunzio Ponte</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Carlotta Sherrillo</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Caroline Ponte</b>                                   |  |
| 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.                             |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Caroline Ponte 5978 Theodosia Ave.</b> |  |

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  |  | <b>4 hrs.</b>                    |
|  | ANTECEDENT CAUSES*<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis</b><br>DUE TO (c) |  | <b>?</b>                         |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |                                  |

|   |  |  |
|---|--|--|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION <b>420.1</b>  | 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)                                  |
| 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 **8/13**, 19**56**, to **8/13**, 19**56**, that I last saw the deceased alive on **8/13**, 19**56**, and that death occurred at **2:30 P.M.** from the causes and on the date stated above.

|  |                          |   |  |                                 |
|--|--------------------------|---|--|---------------------------------|
| 23a. SIGNATURE <b>Wm. K. Heber</b> (Degree or title) <b>MD</b> |                          | 23b. ADDRESS <b>1506 Hedemont</b>                 |  | 23c. DATE SIGNED <b>8/14/56</b> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>        | 24b. DATE <b>8/16/56</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b> |                                 |

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <b>AUG 14 1956</b> | REGISTRAR'S SIGNATURE <b>Glyde A. [Signature]</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sullivan's 2849 No. Euclid Ave.</b> |
|---|---|---|

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

How K. Weber  
1506 Woodmont,  
Ev 59.190

**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.....  
Signature of Student Embalmer

Signed *Alfred Mayfield*  
Licensed Embalmer No. *307*

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.