SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-027823
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2093

FILED AUG 11 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: S t. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton
Length of stay in 1b: D. O. A
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis County Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Berkeley
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6171 Severin Dr.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Stanley Middle: Charles Last: Ponze
4. DATE OF DEATH: Month: July Day: 25, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-20-06
9. AGE (last birthday): 54
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Trucking
11. BIRTHPLACE (City and state or country): Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: Casimir Poniatawski
13b. MOTHER'S MAIDEN NAME: Josephine Muskiewicz
14. NAME OF HUSBAND OR WIFE: Marie A. Ponze
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War II
17. INFORMANT: Address: Mrs. Marie A. Ponze, Berkeley, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Traumatic injury to head and neck
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Lost control of vehicle which struck a concrete base light standard
20c. TIME OF INJURY Hour a.m. 2:30 Month, Day, Year 7/25/61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway
20f. CITY, TOWN, OR LOCATION: Cool Valley COUNTY: St. Louis STATE: Missouri
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Raymond Harris (Degree or title) Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 8/1/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-29-61
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS: White-Mullen Mortuary, Ferguson, Mo.
25. DATE RECD. BY LOCAL REG.: 7-27-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(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_____ Signed Reinhold K Lohrmann

Signature of Student Embalmer

Licensed Embalmer No. 3395

P. O. Address St. Louis 36

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

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