

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-047888

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3656

AMENDED

FILED JAN 19 1962

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Afton</u>		Length of stay in 1b <u>18 Months</u>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Miller Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2207 McCausland</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Marie</u> Middle <u>Cecelia</u> Last <u>Pons</u>			4. DATE OF DEATH Month <u>December</u> Day <u>21</u> Year <u>1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/8 1871</u>	9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Jennings Ramsby Co.</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.S.</u>	
13a. FATHER'S NAME <u>John P. Manion</u>		13b. MOTHER'S MAIDEN NAME <u>Anna McGowan</u>		14. NAME OF HUSBAND OR WIFE <u>Michael B. Pons (Dec.)</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 Address <u>Joseph A. Pons 2207 McCausland</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Interstitial Nephritis</u>			<u>2 Yrs.</u>
DUE TO (c) <u>Chronic Arteriosclerosis</u>			<u>2 yrs.</u>
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4 P.M.</u> Month, Day, Year <u>Dec. 18th '61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased, from Dec. 18th '61 to Dec. 21 '61 and last saw her/him alive on Dec. 21, 1961  
Death occurred at 4 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>H. H. Walters M.D.</u> (Degree or title)	22b. ADDRESS <u>3608 So. Grand Blvd.</u>	22c. DATE SIGNED <u>12/22/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>12/26/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>
24. FUNERAL DIRECTOR ADDRESS <u>Hoffmeister Colonial Mortuary 6464 Chippewa.</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
25. DATE RECD. BY LOCAL REG. <u>12-23-61</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**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 *Bill C. Brannon*

Licensed Embalmer No. 4767

P. O. Address St Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.