

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

25631

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis Mo. (No. ....) Sanitarium..... St. .... Ward)

File No. ....  
Registered No. **7228**  
St. .... Ward)

**2. FULL NAME**

August Ponstingl  
(a) Residence. No. 710 Chouteau Ave., 013 Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 15 yrs. + mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>white</u>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)</b> <u>Married</u>
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**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Aug. 28, 1876

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, hrs. or min.</b>
	<u>50</u>	<u>11</u>	<u>14</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Grocer  
(b) General nature of industry, business, or establishment in which employed (or employer) Grocery business  
(c) Name of employer Himself

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Unknown Austria

**10. NAME OF FATHER**

Unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

Austria

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

Austria

**14.**

**INFORMANT** Ketherell  
(Address) City San

**15.**

Aug 10 1927 May G. Starckoff  
FILED 10 1927 REGISTER

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 8-9-1927

**17. I HEREBY CERTIFY, That I attended deceased from** 1-8-1926, to 8-9-1927, and that I last saw him alive on 8-9-1927, and that death occurred, on the date stated above, at 2:10 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Dementia  
Paralytica

**CONTRIBUTORY (SECONDARY)**

76 (duration) 1 yrs. 7 mos. 2 ds. +  
(duration) ..... yrs. .... mos. .... da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? ✓

**D** DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) Ketherell, M. D.

8-9-1927 (Address) City Sanitarium

\*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

S. S. Peter Pauls Aug. 12 1927

**20. UNDERTAKER**

**ADDRESS**

Walter Heideck 2331 No. 12th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

