

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

Do not use this space.
30107

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. St. Johns Hospital)

File No.
Registered No. 9178
St. Ward)

2. FULL NAME

Henri E. Pondron
(a) Residence, No. 5966 Enright St. 5 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>70</u>	<u>11</u>	<u>25</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Mr J B. Pondron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Marie Chomeau

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Mrs P. Herese Hill
(ADDRESS) 5966 Enright Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary cemetery DATE Aug. 31 1931

19. UNDERTAKER Arthur J. Donnelly and Co
(ADDRESS) 203 1/2 N. 3rd St. St. Louis

20. FILED AUG 30 1931
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29th 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 - 1931 to Aug 29 1931
I last saw him live on Aug 29 1931 Death is said to have occurred on the date stated above, at 4:45 PM
The principal cause of death and related causes of importance were as follows:

Acute Broncho. Pneumonia Date of onset July 28 1931
131
930
107A

Other contributory causes of importance:
Chronic Interstitial Nephritis
Acute Myocarditis

Name of operation None Date of None
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) A. J. R. Quendonck M. D.
(Address) 4041 Missouri Blv. St. Louis

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.

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