. No. 2
—1-4-41
5-17-39
P1 X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4821

FILED MAR 17 1942

Registration District No. 1

Primary Registration District No. 1003

Registrar's No. 1210

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 800

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1018 Sidney St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Eileen Ponzar

3. (b) If veteran, name war ********

3. (c) Social Security No. ********

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Herschel Ponzar

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 14 1918
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
23	10	23	hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife and Shoe Worker

11. Industry or business

FATHER
12. Name Thomas Kiegley
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Effie McCoy
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Herschel Ponzar
(b) Address 1018 Sidney St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9 1942
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) FEB 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day February
year 1942 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from
1-29- 1942, to 2-6 1942
that I last saw her alive on 2-5- 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paralytic Ileus	4 days
Due to Followed operation for Parovarian Cyst, Salpingitis	?
Due to Cyst-non-malignant	
Other conditions (Include pregnancy within 3 months of death) Salpingitis, cause unknown	
Major findings: Of operations Parovarian Cyst Bilateral Salpingitis	
Of autopsy None	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓
(Specify type of place)

While at work? (e) Means of injury

23. Signature John D. Hagnard (M. D. or other)

Address Metropolitan Bldg Date signed 2/6/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Sloan O. Harris
6390 Natural Bond Rd
1 to 3
Dr. John D. Hayward
Med
JC 414

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank I. Owens

Licensed Embalmer No. 2245

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