S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31401

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1931

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Kennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Elms Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry
(c) City or town Perryville
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME August Lewis Ponder
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Anna Grace Ponder
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased January (Month) 13 (Day) 1877 (Year)

8. AGE: Years 67 Months 8 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Perryville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Watchman
11. Industry or business .....
FATHER
12. Name August Ponder
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant H. A. Ponder
(b) Address 2838 Pennsylvania Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18-42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director Chas. A. Bull
(b) Address 4452 Washington Blvd
19. (a) SEP 17 1942 (Date received local registrar) (b) E. G. McGuire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1942 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from August 1, 1942 to Sept 14, 1942 that I last saw him alive on Sept. 14, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral embolism	?
Due to	
Due to	
Other conditions arteriosclerosis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations .....
Of autopsy .....

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 Eugene L. Arnold (M. D. or other) M.D.
Address 1449 McLaran Date signed 9/16/42

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(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.....

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

working under my personal supervision.

Signed John Fitten

Licensed Embalmer No. 3880

P. O. Address.....

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.