

FILED JAN 3 1944
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
1602 Arlington /
(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 _____

(c) City or town **Windsor, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **511 Colorado Ave., Windsor, Mo.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **BENJAMIN F PONTIUS**

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **19**
year **1943** hour **8** minute **20 A** M.

4. Sex **MALE** 5. Color or race **W.**

6. (a) Single, widowed, married, divorced, **MARRIED**

6. (b) Name of husband or wife **Henrietta Pontius**

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

7. Birth date of deceased **November 12, 1866**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 11th, 1943** to **Dec 18, 1943**;
that I last saw him alive on **Dec 18, 1943**;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	77	1	7	hr. _____ min.

Immediate cause of death **Coronary Artery**

Due to **Arteriosclerosis**

Duration **7 Days**

9. Birthplace **Ohio /**
(City, town, or county) (State or foreign country)

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation **Painter**

11. Industry or business **Self**

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name **Benjamin F. Pontius**

13. Birthplace **Ohio /**
(City, town, or county) (State or foreign country)

14. Maiden name **Almeda Faulk**

15. Birthplace **Ohio /**
(City, town, or county) (State or foreign country)

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? **Home**
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)
(e) Means of injury _____

16. (a) Informant **Henrietta Pontius**

(b) Address **511 Colorado Ave, Windsor, Mo.**

17. (a) **Removal** (b) Date thereof **12/20/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Mo.**

18. (a) Signature of funeral director **Edith E. Ambruster**

(b) Address **4234 Manchester**

23. Signature **Albert A. Gubhardt** (M. D. or other) _____
Address **5428 Cliffwood St** Date signed **12/19/43**

19. (a) **DEC 22 1943** (b) **J. F. Br...**
(Date received local registration) (Registrar's signature)

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

14521

14521

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..... *Howard Eymark*

Licensed Embalmer No..... *1284*

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.