

STANDARD CERTIFICATE OF DEATH

State File No. **14664**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3669**

APR 1-1952

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129	
3. NAME OF DECEASED a. (First) DORA b. (Middle) ELLEN c. (Last) PONDER		d. STREET ADDRESS (If rural, give location) 5115 Cates Ave. 8	
4. DATE OF DEATH (Month) (Day) (Year) APRIL 18, 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH July 28, 1862
9. AGE (In years last birthday) 89		10. KIND OF BUSINESS OR INDUSTRY At Home	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (City and State or Foreign Country) Illinois 1	
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME William Elledge		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Ernest			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Jett		ADDRESS 5115 Cates Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia? ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bed rest, etc. DUE TO (c) Atherosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 2-29-52		19b. MAJOR FINDINGS OF OPERATION Embolic left femoral artery; thigh amputation <i>Subsequent to mil.</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 4200'			
22. I hereby certify that I attended the deceased from 2-29-52 , 19____, to 4-18-52 , 19____, that I last saw the deceased alive on 4-18-52 , 19____, and that death occurred at 7:50A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. E. Elledge M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 4-18-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-18-52	
24c. NAME OF CEMETERY OR CREMATORY Litchfield, Ill.		24d. LOCATION (City, town, or county) (State)	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	
DATE REC'D BY LOCAL REG. APR 18 1952		REGISTRAR'S SIGNATURE J. Carl Smith	

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

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. W. Pembrey* _____
Licensed Embalmer No. *3657* _____

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.