

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

Do not use this space.

9664

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **5248**) **Vernon**

File No.....  
Registered No. **3196**  
St. .... Ward)

**2. FULL NAME**

**Austin A. (Carnice) Bonnell**

(a) Residence No. **248 Vernon** St. **5** Ward.

(If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 4 1836**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**91 0 0**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Retired Banker**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Albany**  
(STATE OR COUNTRY) **N.Y.**

10. NAME OF FATHER **Unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

14. INFORMANT **C. W. King**  
(Address) **5248 Vernon**

15. FILED **May 10 1927** **Max S. Starceff** REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 4 1927**

17. I HEREBY CERTIFY, That I attended deceased from **1-15**, 19**27**, to **3-4**, 19**27** that I last saw h. **AM** alive on **2-3**, 19**27**, and that death occurred, on the date stated above, at **12:00 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Hyphostatic Pneumonia**  
**103**

CONTRIBUTORY (SECONDARY) **Chronic myocarditis**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY? **no.**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **G. J. Fuchs**, M. D.

**3-4, 1927** (Address) **5533 Easton**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

**Roseville Ill** **3-7-1927**

20. UNDERTAKER ADDRESS

**Drehmann Haral** **1905 Union**

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.

