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

Do not use this space.

24899

File No.

Registered No. 7070

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis (No. 1217 S. 8th St. Ward)

2. FULL NAME Infant Bone

(a) Residence, No. 1217 S 8th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29-1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	-	-	-	9 hrs. 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Louis Bone

14. BIRTHPLACE (CITY OR TOWN) Bonne Terre (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Martha Puskett

16. BIRTHPLACE (CITY OR TOWN) Potosi (STATE OR COUNTRY) Missouri

17. INFORMANT Louis Bone (ADDRESS) 1217 8th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mathews DATE July 30, 19 32

19. UNDERTAKER A. W. McLaughlin (ADDRESS) 631 Missouri Ave.

20. FILED JUL 30 1932, 19 Geo. C. Vasbenter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 19 32

22. I HEREBY CERTIFY, That I attended deceased from 7/29, 1932 to 7/29, 1932

I last saw he alive on 7/29, 1932. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Birth injuries	
1603	
100	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore Schiedenroll M. D.

(Address) 1004 N. 18th St. St. Louis Mo

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.