SEP 29 1936

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

Do not use this space.

33236

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 309

City Jefferson Barracks, Mo. Vets. Adm. Frac. St. Ward)

2. FULL NAME William H. BONHARDT

(a) Residence, No. 3118 West Main St., St., Ward. Belleville, Illinois
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	48	3	22	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) March, 1936

11. Total time (years) spent in this occupation 30 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winderman Sta. Illinois

FATHER

13. NAME Henry Bonhardt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Magdalyn Fischer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) M. Schiller Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Hill Belleville, Ill. DATE Aug. 3 1936

19. UNDERTAKER (ADDRESS) Tindlach & Co. Edgar A. Baldus Belleville

20. FILED Aug 1 1936 G. Mowry Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936 to August 1, 1936.

I last saw him alive on August 1, 1936. Death is said to have occurred on the date stated above, at 9:35 a.m.

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

	Date of onset
Pneumonia, Lobar	unkwn

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Other contributory causes of importance:

Hernia, inguinal, bilateral	unkwn

Name of operation Herniotomy Date of 7-21-36

What test confirmed diagnosis? clin. manifestations, phy. exam. laboratory, x-ray Was there an autopsy? NO.

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) C. W. HUGHES, M.D. Chief Medical Officer

(Address) Jefferson Barracks, Missouri.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.