

MAY 13 1938

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

Do not use this space.

15760

OF DEATH

City St. Genevieve
Township Union
County Wright R.F.D. (No. _____)

Registration District No. 9346026
Primary Registration District No. 2060

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Yvonne Bonneau 565
(a) Residence, No. Wright R.F.D. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 1 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Theodore Krieger

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Henry Bonneau
(ADDRESS) Wright mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright mo DATE April 13 38

19. UNDERTAKER Ree E. Foster
(ADDRESS) St. Genevieve mo

20. FILED Apr 14 1938 Rev J. Gassner Registrar.
Joseph A. Lavery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4 1938, to April 11 1938.
I last saw her alive on April 10 1938. Death is said to have occurred on the date stated above, at 11 A.M.

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

Cerebral Hemorrhage Date of onset 4-4-38

Other contributory causes of importance: Arterio-Sclerosis 1930

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? NO
If so, specify _____
(Signed) Arthur E. Sawyer, M. D.
850 (Address) St. Genevieve Mo

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

Do not use this space.

1. PLACE OF DEATH

County St Genevieve Registration District No. 934
Township Union Primary Registration District No. 6026
City No. _____ St. _____ Ward _____

File No. 15-7360
Registered No. _____

2. FULL NAME 5-1-5 Gertrude BONNARENS

(a) Residence, No. _____ 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 <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>77</u>	MONTHS <u>1</u>
	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY)

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS) _____

20. FILED April 14 1938 Joe Joseph A. Guener
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 11 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

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 Arthur E. Sepaney M. D.
(Signed) _____

(Address) St Genevieve Mo

