

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

1003

13040

Do not use this space.

Registered No. 3382

1. PLACE OF DEATH

(a) County..... Registration District No.
 (b) Township..... Primary Registration District No.
 (c) City St. Louis (d) Street No. City Hospital No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

D. 18725 507 Jerome Bone
1511 Menard St. 23
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 11 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. nil
 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) Missouri

FATHER 13. NAME Joseph Bone

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

MOTHER 15. MAIDEN NAME Mary Polite
 16. BIRTHPLACE (CITY OR TOWN).....
 (STATE OR COUNTRY) Missouri

17. INFORMANT Hosp. Info M. Kent
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Old Mines mort. 4/12/39

19. FUNERAL DIRECTOR (NAME) John F. Collins & Co
 (ADDRESS) 728 No. Grand Bend

20. FILED APR 11 1939 J. B. Brudwick
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/9/39 19.....

22. I HEREBY CERTIFY, That I attended deceased from
3/24/39 19..... to 4/9/39 19.....
 I last saw him live on 4/9/39 19..... Death is said
 to have occurred on the date stated above, at 3.55 P.

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

Hypertensive Cardio Vas Rrenal Disease 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.....
 (Signed) William Sasser M. D.
 (Address) City Hospital No. 1

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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

Registered Apprentice No., working under my personal supervision.

Signed

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address

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, above space should be left blank.