DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24337

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6610

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Fallon Park 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County

(c) City or town St. Louis 8 (If outside city or town limits, write "RURAL")

(d) Street No. 1034 Tillie Ave., (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Alden P. Boner 560

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Genevieve Boner

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 30th, 1876 (Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Indiana 1 (City, town, or county) (State or foreign country)

10. Usual occupation Park Employe 9

11. Industry or business St. Louis 9

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Genevieve Boner,

(b) Address 1034 Tillie Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29th, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Zion's

18. (a) Signature of funeral director Hy Leidner Md Co.

(b) Address 1417 N. Market Street.

19. (a) JUL 28 1939 (Date received local registrar) (b) J F Bedlock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1939 hour 2:00 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec, 1938 to 7-26, 1939 that I last saw him alive on 7-26, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Chronic Myocarditis, Coronary Sclerosis, Chronic Arteriosclerosis	Since Dec 1938+
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Albert J Motzel (M. D. or other)

Address 2739 No Grand Bl Date signed 7-27-39

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.