

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **8878**

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **2361**

1. PLACE OF DEATH:
 (a) County **5329. Walsh. St.**
 (b) City or town **St. Louis. Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City. Hospital.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **St. Missouri.** (b) County _____
 (c) City or town **St. Louis.** **14**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5329 Walsh**
(If rural, give location)
 (e) ~~Foreign born, how long in U. S. A. _____ years~~

3. (a) PRINT FULL NAME **Adolph. Bontemps.**
 3. (b) If veteran, name war No. _____ 3. (c) Social Security No. **No.**

20. DATE OF DEATH: Month **March. 9.** day **1940.**
 year _____ hour **5** minute **25 P.**M.

4. Sex **Male.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Married.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **Elsie. Bontemps.** 6. (c) Age of husband or wife if alive **51.** years

Immediate cause of death **Acute Myocardial Infarction with Fatty Degeneration of Myocardium. Malignant Neoplasm of the Prostate Gland.**
 Due to _____
 Due to _____
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	58.	0	13.	hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy **131**

9. Birthplace **St. Louis. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Fire. Degr. Works.**

11. Industry or business **None.**

12. Name **Stephan Bontemps.**

13. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

14. Maiden name **Barbara. Halbauh.**
(City, town, or county) (State or foreign country)

15. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Karana Huber**

(b) Address **5329. Walsh. St.**

17. (a) **Cremation.** (b) Date thereof **Mar. 12. 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mo. Crematory.**

18. (a) Signature of funeral director **Frederick Barz**

(b) Address **2623. Cherokee. St.**

19. **Mar. 11 1940** (Date received local registrar) (b) **J. F. Oredich** (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature **Frederick Barz** (M. D. or other) _____
 Address **2623 Cherokee St** Date signed **3.11.40**

PHYSICIAN
 Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 W. E. Morris

Licensed Embalmer No. 3360

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.