

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16777

State File No. _____

Registrar's No. _____

4255

Registration District No. 791

Primary Registration District No. 1003

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:
6129 Suburban Ave.
(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 Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6129 Suburban Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Albert M. Bonzo.
 (b) If veteran, name war No (c) Social Security 494-10-2390

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 11
 year 1940 hour 10.10 minute _____ P. M. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lucinda Bonzo 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased Jan. 15, 1875.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 13, 1939, to May 11, 1940
 that I last saw him alive on May 11, 1940
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>3</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death Cancer of the skin Duration 9 mo.
Primary site unknown

9. Birthplace Ohio
(City, town, or county) (State or foreign country)
 10. Usual occupation Labor
 11. Industry or business Iron Foundry.

Due to _____
 Due to _____
 Other conditions 62
(Include pregnancy within 3 months of death)

MOTHER FATHER
 12. Name Theophilus Bonzo
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Dever
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

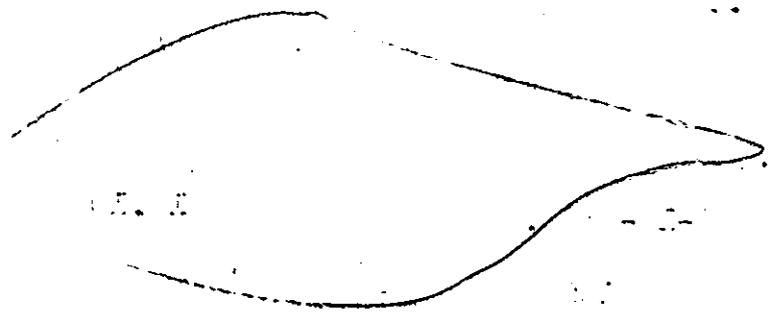
PHYSICIAN
 Major findings: Squamous Cell Carcinoma of Left inguinal lymph gland
 Of operations _____
 Of autopsy _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Mrs. Lucinda Bonzo
 (b) Address 6129 Suburban Ave.
 17. (a) burial (b) Date thereof May 14/40.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Laurel Hill Cem.
 18. (a) Signature of funeral director John W. Clark.
 (b) Address 1125 Godiamont Ave.
 19. MAY 13 1940 (b) J. P. Bonzo
(Date received local registrar)

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)
 Means of injury _____
 23. Signature Louis W. Schneider (M. D. or other) M. D.
 Address 6635 Delmar Date signed 5/13/40

Dr. Louis W. Schneider
~~09209 Suburban Ave~~
10-12.
Delmar 2240.

6635 Delmar ave



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.....
Licensed Embalmer No. 3225.
P. O. Address 1125 Hodiament Ave.,

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.