o. 2
13-40
.7-39
X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33759

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 8456

FILED NOV 16 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis - 4468 Norfolk (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") 18

(d) Street No. 4468 Norfolk (If rural, give location)

(e) If foreign born, how long in U. S. A.? 56 years.

3. (a) PRINT FULL NAME JOSEPH BONA

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Bona

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July (Month) 31 (Day) 1860 (Year)

8. AGE: Years 80 Months 2 Days 15 If less than one day ____ hr. ____ min.

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

10. Usual occupation Elevator Operator

11. Industry or business Hotel Statler

MOTHER FATHER

12. Name Dominic Bona

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

14. Maiden name Don't Know

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

16. (a) Informant Teste Bona

(b) Address 3955 Lafayette

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director John Collins & Bro

(b) Address 928 N Grand Blvd

19. (a) Oct 14 1940 (Date received by Registrar) (b) J P Goodrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 th year 1940 hour 3 minute — P. M.

21. I hereby certify that I attended the deceased from Feb 17, 1934 to Oct 8 th, 1940 that I last saw him alive on Oct 7, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemaplegia (Cerebral Hemorrhage)	2 days
Due to Arteriosclerosis	10 yrs
Due to Hypertension	15 yrs
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 Eamon Bennett (M. D. or other)

Address 1504 So Grand Date signed 10-11-40

(Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Klapp

Licensed Embalmer No. 297

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.