

Registration District No. 784

Primary Registration District No. 107

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ladue City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
#34 Clermont Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 years
In this community 2 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ladue City
(If outside city or town limits, write "RURAL")
(d) Street No. #34 Clermont Lane
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1941 hour 6:05 minute P M.
21. I hereby certify that I attended the deceased from
Sept 28 1940 to Sept 1 1941
that I last saw her alive on Sept 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart block
Due to Myocardosis
Due to Hypertensive Heart Disease

Duration 2 da
?
?
PHYSICIAN ---
Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)
Major findings: None
Of operations: 93 d
Of autopsy: ---

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) (e) Means of injury

23. Signature Edmunds Kieffer (M. D. or other)
Address 4500 Olive Date signed 9/2/41

3. (a) PRINT FULL NAME ANNA RUTHERFORD BONNEY

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife George Lister Bonney 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased October 3, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 10 28 hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name unknown
13. Birthplace " (City, town, or county) (State or foreign country)
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant A. E. Black
(b) Address 34 Clermont Lane

17. (a) cremation (b) Date thereof 9/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) SEP-2-1941 (b) S. R. Mc... (Registrar's signature)
(Date received) (Date)

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

4500 Olive - No 3800
1-3

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 John E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 6175 Dillman
St. Louis, Mo.

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, fact should be so stated above.