

JAN 9 1942

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 2677

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Pine Lawn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2114 Cherry 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 St. Louis  
(c) City or town Pine Lawn  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2114 Cherry Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30  
year 1941 hour 11.15 minute P.M. M.

21. I hereby certify that I attended the deceased from Dec 12  
1941 to Dec 30 1941  
that I last saw him alive on Dec 30 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Astoria Sclerosis  
(Include pregnancy within 3 months of death)

Major findings: none

Of autopsy no

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence 4

(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? no (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature M. W. Clark (M. D. or other) \_\_\_\_\_  
Address 15692 Hodiamont Date signed 1/31/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Henry J. Bone

3. (b) If veteran, name war No 3. (c) Social Security No. 491-12-8498

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

6. (b) Name of husband or wife Louise Bone 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: Nov. 17, 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 13 If less than one day hr. min.

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

10. Usual occupation Foreman

11. Industry or business \_\_\_\_\_

12. Name Nicholas Bone

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

14. Maiden name Elizabeth Schiager

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

16. (a) Informant Mrs. Louise Bone

(b) Address 2114 Charry Ave.

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

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) DEC 31 1941 (b) E. J. McSwain  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

096  
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e.g.

Dr. M. Bone  
Poe Bldg., Mu. 8352  
1492A Hod. Ave.,

1-46 PM

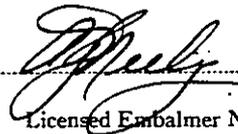
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**STATEMENT BY LICENSED EMBALMER**

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, fact should be so stated above.**