

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19392
Registrars' No. 5956

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(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: O. St. Mary's Infirmary
(If not in hospital or institution, write street number & 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 Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2229 Hickory
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOE WILLIE BONNER

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife VANGELIENE BONNER 6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased 9-8-1913
(Month) (Day) (Year)

8. AGE: Years 28 Months 10 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace West Point Miss
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Baecteler Lumber Co.

12. Name Charlie Bonner

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

14. Maiden name Hennetta

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

16. (a) Informant Mattie Clark

(b) Address 2229 Hickory

17. (a) BURIAL (b) Date thereof 7-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 Parkway Ave

19. (a) JUL 15 1942 (b) J. F. Blumh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1942 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from June 10 1942 to July 9 1942
that I last saw him alive on July 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcus Septicemia

Due to Unknown

Due to HA

Other conditions (Include pregnancy within 3 months of death) Stomatitis parotidica
Rheumatic Arthritis

Major findings: None
Of operations Streptococcus Septicemia
Of autopsy _____

Duration

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) NO

(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 0

23. Signature S. E. Moore (M. D. or other) _____

Address 809 N. Jefferson Date signed 7/14/42

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

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.....

Chas. L. Howell

Licensed Embalmer No.

24502

P. O. Address.....

3028 Dick

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.