

LED APR 15 1943

Registration District No. 184

Primary Registration District No. 111

Registrar's No. 587

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Forest Heights
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether

In this community. (Specify whether years, months or days)

3. (a) PRINT FULL NAME KATIE A. BONGNER

3. (b) If veteran, name war SPS 3. (c) Social Security No. None

4. Female 5. Color or race white 6. (a) Single, widowed, married divorced, widowed
6. (b) Name of husband or wife Kate Frank Bongner 6. (c) Age of husband or wife if alive, years 39 1/2
7. Birth date of deceased aug. 29 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 10 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business.

MOTHER FATHER
12. Name William Sullivan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Mae Donnell
(b) Address #48 Moody Ave. Webster Groves
17. (a) Burial (b) Date thereof 3-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra Cemetery

18. (a) Signature of funeral director Joseph A. Smerquero
(b) Address 4228 La. Highway

19. (a) 3-11-43 (b) E. J. McFarland M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 96
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. St. Agnes Home
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 of year 1943 hour 8:45 minute PM M.

21. I hereby certify that I attended the deceased from 2/23/43 to 3/10/43, No. 13/10/43, 1943; that I last saw him alive on 3/9/43, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronal Atherosclerosis
Myo. Artery Truncans
Coronary vascular disease
Due to Smoker (Smility)
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1310
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 2/23/43
(b) Date of occurrence 2/23/43
(c) Where did injury occur Herbwood St. Louis Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
St. Agnes Home for aged
While at work? no (Specify type of place) (e) Means of injury Fall

23. Signature E. J. McFarland (M. D. or other) 0
Address St. Louis Mo. Date 3/11/43

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

26
589

Mr. Wm. J. O'Malley
731 Big Bend Rd
2-3

10

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 Edwin A. Mc Dermott

Licensed Embalmer No. 3024

P. O. Address.....

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.