

LED MAY 14 1943 318

Registration District No. _____ Primary Registration District No. **1003**

Registrar's No. **4180**

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4366 MARYLAND AVE. /
(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)
36 YEARS

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO.** (b) County _____
 (c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4366 MARYLAND AVE**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **CHRISTIAN BONNET**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **MALF** **5. Color or race** **WHITE** **6. (a) Single, widowed, married, divorced** **MARRIED**
6. (b) Name of husband or wife **ADELAIDE BONNET** **6. (c) Age of husband or wife if alive** **60** years
7. Birth date of deceased **APRIL 17 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	0	21	_____ hr. _____ min.

9. Birthplace **WEST INDIES**
(City, town, or county) (State or foreign country)

10. Usual occupation **PROFF. ST. LOUIS UNIVERSITY**
HIGH SCHOOL

11. Industry or business _____

12. Name **LIONI BONNET**

13. Birthplace **WEST INDIES**
(City, town, or county) (State or foreign country)

14. Maiden name **MARIE BERQUIN**

15. Birthplace **WEST INDIES**
(City, town, or county) (State or foreign country)

16. (a) Informant **JOSEPH RENARD**

(b) Address **4366 MARYLAND AVE.**

17. (a) BURIAL **(b) Date thereof** **5-6-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director *Arthur J. Donnelly*
(b) Address **3840 Lindell Blvd**

19. (a) MAY 5 1943 **(b) J. F. Brudon**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **4**
 year **1943** hour **7:00** A. M.
minute

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
*Coronary Occlusion
 Arteriosclerosis*
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 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)
Means of injury _____

23. Signature *Alfred Perry* **(M. D. or other)** _____
Address *Deputy Coron* _____ **Date signed** **5/5/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Prisoner

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 *W H Van Matre*.....

Licensed Embalmer No. *2825*.....

P. O. Address *4340 Lafayette*.....

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.