

REC JUN 30 1945

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5351**

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

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: DePaul Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5036a Northland Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marie H. Bongner  
 (b) If veteran, name war None  
 (c) Social Security No. 497-10-3952

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 16  
 year 1945 hour 9. minute 50 a. M.

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 (b) Name of husband or wife \_\_\_\_\_  
 (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from May 12 1945, to 6-16 1945;  
 that I last saw him alive on 6-14 1945  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: April 16, 1883  
(Month) (Day) (Year)  
 8. AGE: Years 62 Months 2 Days 0  
If less than one day hr. min.

Immediate cause of death: Chronic myocarditis with acute decompensation.  
 Due to: Quotidian fistula

9. Birthplace: St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation: Clerk.  
 11. Industry or business: Peter Hauptman Tobacco Co.

Due to: Repeated release of diaphragm with abscess in posterior chest  
 Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

MOTHER FATHER }  
 12. Name: Charles Bongner  
 13. Birthplace: Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name: Anna Seller  
 15. Birthplace: St. Louis, Missouri  
(City, town, or county) (State or foreign country)

Major findings: Abscess in posterior chest and diaphragmatic fistula  
 Of operations: \_\_\_\_\_  
 Of autopsy: yes  
 PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant: Miss Louise Bongner  
 (b) Address: 5036a Northland Ave.  
 17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof: June 19, 1945  
(Month) (Day) (Year)  
 (c) Place: burial or cremation: Calvary Cemetery

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? \_\_\_\_\_  
(Specify type of place)

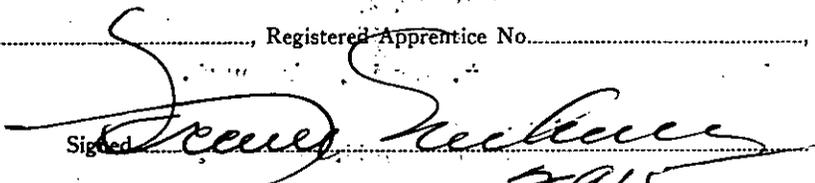
18. (a) Signature of funeral director: Bernett Mehaus  
 (b) JUN 18 1945 1431 Union Blvd.  
 19. (a) J. J. Bredeek  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (e) Means of injury: ---  
 23. Signature: Ernest J. Quilty (M. D. or D. O.)  
 Address: 634 N. Grand Date signed: 6-18-45

**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. 2915

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.**