

FILED JUN 20 1948

Registration District No. 212

Primary Registration District No. 1003

620 - Vn H. ... 22239

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: Mo Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14-weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 8910-North Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna M. Steward

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Virgil B. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 25 1915
(Month) (Day) (Year)

8. AGE: Years 30 Months 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Sherman Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Oscar A. Bonne

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

14. Maiden name Anna M. Bonne

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

16. (a) Informant Virgil B. Steward

(b) Address 8910-North Ave-Overland, Mo.

17. (a) Burial (b) Date thereof 6-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Park

18. (a) Signature of funeral director William Bros Inc
(b) Address 2504-Woodson Overland, Mo.

19. (a) JUN 3 1948 (b) J. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1946 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from Feb 1
_____ 1946 to June 2 1946
that I last saw h. ER alive on June 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Termin. abscesses
(Multiple) etiology unknown 4 yrs.
Due to _____
Wheated small intestine
Due to etiology unknown

Other conditions Chl. Myocarditis
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy Multifocal lung abscess
Chl. Myocarditis - Wch. intestinal

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)
(c) Means of injury _____

23. Signature M. J. ... (M.D. or other) M. J. ...
Address 8924 St. Charles Rd Date signed 6/12/48

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

17
9

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Harold H. Braun*

Licensed Embalmer No. *4337*

P. O. Address..... *Overland, Mo.*

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.