

FILED FEB 10 1947

Registration District No. 318

Primary Registration District No. 1000

Registrar's No.

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:
2229 S. 3rd Street 1
(If not in hospital or institution, write street number or 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 Missouri (b) County Washington

(c) City or town Mineral Point
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lucy Bone

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Paul Bone

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept 1 1901
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>4</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation House work

11. Industry or business None

12. Name William Palitte

13. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Marler

15. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Bone

(b) Address 2229 S. 3rd St. St. Louis Mo.

17. (a) Burial (b) Date thereof Feb 1 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mineral Point Mo.

18. (a) Signature of funeral director Mrs. Luther Sparks

(b) Address _____

19. (a) FEB 1 1947 (b) J. F. Dredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1947 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 17
1946 to Jan 30 1947
and that death occurred on the date and hour stated above.

that I last saw her alive on Dec 23 1946
Immediate cause of death Bronchial Asthma Duration
Attacks on Dec 17, Dec 23
and Jan 30, 1947, last attack 30 minutes

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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) _____

(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 Leroy E. Ellison (M. D. or other) MD
Address 3610 So Broadway, St. Louis Date signed 1-31-47

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

MOTHER FATHER

MAR 25 1947

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..... *Murphy Lapan*
Licensed Embalmer No. *4236*
P. O. Address..... *Hot River, Ohio*

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.