No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

28859
State File No.

FILED SEP 2 1947 74036
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7986

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 060
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1123 Rutger St (If rural, give location) 9
22 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ~~(BABY BOY)~~ Charles Richard BONE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 14 (Day) 1947 (Year)
8. AGE: Years — Months — Days 8 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
MOTHER FATHER
12. Name Paul Bone
13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
14. Maiden name Wanda Gunn
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mattie Stofield
(b) Address 1123 Rutger St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem
18. (a) Signature of funeral director A W Mclaughlin
(b) Address 1 Lafayette Av
19. (a) AUG 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 22nd year 1947 hour 4:10 minute A.M.
21. I hereby certify that I attended the deceased from 8-14-47, 19..., to 8-22-47, 19...; that I last saw him alive on 8-22-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intracranial hemorrhage due to fracture of Sentorium + Tabl cerebri	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Gene H. Graban (M. D. or other)
Address 1515 Lafayette Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 22 1947

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

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.....D W Cooper.....

Licensed Embalmer No.....3830.....

P. O. Address.....2301 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.