. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 29852

Registrar's No. 1865

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7225 MALLARD AVE
(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 MO (b) County 020

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4029a McPHERSON 9
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME DOROTHY I. BONHAM

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 WIDOWED

6. (b) Name of husband or wife DAVID M.

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

7. Birth date of deceased DEC. 22 - 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation AT HOME

11. Industry or business .....

FATHER
12. Name SAMUEL OLDHAM
13. Birthplace ENGLAND
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKOWN
15. Birthplace OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bess Sleman
(b) Address 7225 MALLARD AVE

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

(c) Place: burial or cremation MULBERRY, IND.

18. (a) Signature of funeral director L. Mullen Undr
(b) Address 5165 Delmar Blvd

19. (a) 8-28-47 (b) Cecil A. Sharp MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28
year 1947 hour 8 minute 8 P.M.

21. I hereby certify that I attended the deceased from Nov. 21, 1946, to Aug 28, 1947
that I last saw her alive on Aug 28, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 hr
Due to: Arteriosclerosis	1935
Due to: Hypertension and infirmities of age	1935
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 —

23. Signature Leo P. Fitz Gerald (M. D. or other)

Address 6677 Delmar Blvd Date signed Aug 28, 1947

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

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. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

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.