

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27532**
Registrar's No. **7675**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Homer G Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **5 mo; 11 days**
(Specify whether
In this community..... **5 yrs**
years, months or days)

3: (a) PRINT FULL NAME **Fannie Bonnett**

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

4. Sex **Female** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **Unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt 60 hr. min.

9. Birthplace..... **Charleston Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Womestic**

11. Industry or business.....

12. Name..... **Unknown**

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

14. Maiden name..... **Unknown**

15. Birthplace..... **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Willie Bonnett**

(b) Address..... **4634 E Vernon Ave**

17. (a) **Shipping** (b) Date thereof..... **8-31-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Sikeston, Mo.**

18. (a) Signature of funeral director..... **ALKINS BROS**

(b) Address..... **3644 FINNEY AVE.**

19. (a) **AUG 31 1948** (b) **J. F. Bradeck**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo** (b) County..... **ood**
(c) City or town..... **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4634 Vernon**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **28**
year **1948** hour **9** minute **50** A.M.

21. I hereby certify that I attended the deceased from
February 17, 1948 to **August 28, 1948**
that I last saw h. er alive on **August 28, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Senile Psychosis
Degenerative Heart Disease

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) (c) Means of injury.....

23. Signature..... **J. F. Bradeck** (M. D. **Bradeck**)
Address **2601 N Whittier St** Date signed **8-31-48**

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 Louis V. Atkins
Licensed Embalmer No. 2842
P. O. Address 3644 Finney

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.