

No. 2  
-1/47  
5-17-39

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30860

FILED OCT 9 1948

State File No. 8222  
Registrar's No.

Registration District No. Primary Registration District No. 100's

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 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County.....  
(c) City or town: St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2213 Carr St. (Rear)  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME: ERIA BONES  
3. (b) If veteran, name war..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 16th  
year 1948 hour 5:20 minute P. M.

4. Sex: Female 5. Color or race: Colored  
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: December 23, 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....  
that I last saw him..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
65 8 23 .....hr. ....min

Immediate cause of death: Broncho Pneumonia with Empyema  
Contrib: fractured neck of left femur suffered upon descent fell from her bed at City Hosp #2 on June 6th 1948 exact time unknown  
Other conditions.....  
(Include pregnancy within 3 months of death)

9. Birthplace: Unknown (City, town, or county) (State or foreign country)  
10. Usual occupation: None

Major findings: Of operations.....  
Of autopsies.....  
PHYSICIAN: Underline the cause of which death should be charged statistically.

11. Industry or business.....  
12. Name: Unknown  
13. Birthplace: Unknown (City, town, or county) (State or foreign country)  
14. Maiden name: Unknown  
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Viola Walker  
(b) Address: 2137 Carr Street  
17. (a) Burial (b) Date thereof: 9-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Oakdale Cemetery

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify): Accidental  
(b) Date of occurrence: June 6, 1948  
(c) Where did injury occur: St. Louis Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home on farm, in industrial place, in public place? In Public Place  
(Specify type of place)  
While at work? no Means of injury: fall from car  
23. Signature: Patrick C. Taylor (M.D. or other)  
Address: 1300 Clark Date signed: 9-20-48

18. (a) Signature of funeral director: E. B. Krouse  
(b) Address: 1221 N. Grand Blvd.  
19. (a) SEP 20 1948 (b) J. J. Bradock  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

*Richard J. Yandell*

Licensed Embalmer No.

*4243*

P. O. Address

*14 Wayne*

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.