

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38538**  
Registrar's No. **9836**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>38538</b>		Registrar's No. <b>9836</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis.</b>			c. LENGTH OF STAY (If this part) <b>7-4-48</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis.</b>			d. STREET ADDRESS (If rural, give location) <b>7-4973 Genessee</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmiry Hospital</b>				3. NAME OF DECEASED a. (First) <b>Marie</b> b. (Middle) _____ c. (Last) <b>Bonner</b>				4. DATE OF DEATH <b>Nov. 14 1949</b>					
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>April 11-1866.</b>		9. AGE (In years, months, days) <b>83.</b>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE-WIFE</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo. D.</b>				12. CITIZEN OF WHAT COUNTRY? <b>yes.</b>			
13a. FATHER'S NAME <b>Nicholas Snyder</b>				13b. MOTHER'S MAIDEN NAME <b>Unknown</b>				14. NAME OF HUSBAND OR WIFE <b>Deceased</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>				16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT'S SIGNATURE, OR NAME <b>Mrs Boeing</b> ADDRESS _____							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephrosclerosis</b> DUE TO (c) <b>Hypertension &amp; Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>								INTERVAL BETWEEN ONSET AND DEATH <b>1 mo.</b>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <b>MO</b>									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>HIT BY</b>									
22. I hereby certify that I attended the deceased from <b>Nov. 4, 1948</b> , to <b>Nov. 14, 1949</b> , that I last saw the deceased alive on <b>Nov. 14, 1949</b> , and that death occurred at <b>2.00P m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE <b>Masao Okamoto M.D.</b> (Degree or title)				23b. ADDRESS <b>5800 Arsenal Street</b>				23c. DATE SIGNED <b>11/14/49</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/16-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter Paul.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>							
DATE REC'D BY LOCAL REG. <b>NOV 15 1949</b>		REGISTRAR'S SIGNATURE <b>J. Blanton</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>SULLIVANS BROS 2849 N. Euclid</b> ADDRESS _____							

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert L. Brinkman*

Licensed Embalmer No. 3553

P. O. Address \_\_\_\_\_

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.