

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6941**

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **598**

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Clayton</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Le May</i> <b>4870</b>	
c. LENGTH OF STAY (in this place) <i>4 days</i>		d. STREET ADDRESS (If rural, give location) <i>838 Le May Ferry Rd</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis County Hospital</i>			

3. NAME OF DECEASED (Type or Print) <i>BERTHA</i>		a. (First) _____ b. (Middle) _____ c. (Last) <i>BONE</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Mar. 5 1950</i>	
5. SEX <i>Female</i>	6. COLOR, OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>12/14/1870</i>	9. AGE (In years last birthday) <i>79</i>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY <i>USA.</i>

13a. FATHER'S NAME <i>John Kalina</i>		13b. MOTHER'S MAIDEN NAME <i>Selma Hoffman</i>		14. NAME OF HUSBAND OR WIFE <i>Austin Bone</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME <i>William Lockel</i> ADDRESS <i>4123 Beethoven</i>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial infarct</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 wk.</i>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		_____		_____	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <i>420.1</i> 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) _____	
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? _____	

22. I hereby certify that I attended the deceased from *3-2-1950*, to *3-5-1950*, that I last saw the deceased alive on *3-5-1950*, and that death occurred at *11:30 A.M.*, from the causes and on the date stated above.

23. SIGNATURE <i>Jack A. Gregory</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>601 Beethoven Clayton</i>		23c. DATE SIGNED <i>MAR 7 1950</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>		24b. DATE <i>3/7/50</i>		24c. NAME OR CEMETERY OR CREMATORY <i>Missouri Crematory</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis MO</i>		DATE REC'D BY LOCAL <i>MAR 7 1950</i>		REGISTRAR'S SIGNATURE <i>Herbert R. Double</i>	
FURNERAL DIRECTOR'S SIGNATURE <i>John L. Ziegenhein</i>		ADDRESS <i>4021</i>		_____	

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

AUG 2 1957

**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

*No Embalming*

Licensed Embalmer No. \_\_\_\_\_

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.**