

FILED APR 5 1951

STANDARD CERTIFICATE OF DEATH

10858

State File No.

4002
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>847</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>1 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Kinloch</u>		4090		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Cty Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Boyd St.</u>				
3. NAME OF DECEASED (Type or Print) <u>LAWRENCE</u>			a. (First)			b. (Middle)		
c. (Last) <u>BONE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 30 51</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>()</u>		8. DATE OF BIRTH <u>Aug. 31, 1950</u>		
9. AGE (In years last birthday) <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Little Rock Ark. 0</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Herman Bone</u>		13b. MOTHER'S MAIDEN NAME <u>Luvina Turner</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse Johnson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Luvina Turner</u> ADDRESS <u>So. Kinloch</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>granulomatous disease of lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown etiology</u> DUE TO (c) <u>possible tuberculosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH		
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) <u>002X</u>				
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 <u>2-26, 1951</u> , to <u>3-30, 1951</u> , that I last saw the deceased alive on <u>3-30, 1951</u> , and that death occurred at <u>9:04 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>James W. Heuley M.D.</u>				23b. ADDRESS <u>601 S. Brentwood Clayton</u>		23c. DATE SIGNED <u>4-1-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL ()</u>		24b. DATE <u>4/1/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington PK</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Cty Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/2/51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Dornbe M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros</u>		ADDRESS <u>Funeral Home Kinloch</u>		

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 2nd Page

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.