

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11051  
Registrar's No. 842

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH

a. COUNTY Lemay

b. CITY OR TOWN St. Louis 23

c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. St. Rose Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY \_\_\_\_\_

c. CITY OR TOWN Illmo

d. STREET ADDRESS Box 271

3. NAME OF DECEASED

a. (First) Claude

b. (Middle) E

c. (Last) Boner

4. DATE OF DEATH (Month) (Day) (Year) 3 31 51

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 7-19-19

9. AGE (In years last birthday) 31

IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_

IF UNDER 1 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY Furniture

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Harry Unknown

13b. MOTHER'S MAIDEN NAME Unknown Elizabeth M. Bonds

14. NAME OF HUSBAND OR WIFE Lucille C. Boner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME Hospital Chart Claude Boner

ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Tuberculosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pulmonary Tuberculosis

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH Unknown

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

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) (Minute) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from August, 1948, to 3 March, 1951, that I last saw the deceased alive on 3-30, 1951, and that death occurred at 5:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE J. B. Divine M.D. (Degree or title) \_\_\_\_\_

23b. ADDRESS 16 Hampton Village Plaza

23c. DATE SIGNED 3-31-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 3-31-51

24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_

24d. LOCATION (City, town, or county) (State) Illmo Mo

DATE REC'D BY LOCAL REG. 3/31/51

REGISTRAR'S SIGNATURE Herbert R. Lombard

FUNERAL DIRECTOR'S SIGNATURE Yes

ADDRESS Rowland Mortuary Service Inc.

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

0000

JUL 13 1957

OCT 19 1954

**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.

Signed Peter Dubravilla

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3691

P. O. Address St. Louis, Mo

**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.