

STANDARD CERTIFICATE OF DEATH

State File No. 20272

FILED JUN 10 1953

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 1540

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Robertson Twnship			c. LENGTH OF STAY (In this place) 1 1/2 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129			d. STREET ADDRESS (If rural, give location) 5075 Kensington
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Sanatorium							
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS			b. (Middle) _____		c. (Last) BONNETT		4. DATE OF DEATH (Month) (Day) (Year) June 3, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH ab 1865		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 24 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor			10b. KIND OF BUSINESS OR INDUSTRY Manf;		11. BIRTHPLACE (State or foreign country) USSR 6	
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Unk Bonnett		13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Sarah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edith Kowarsky 7049a Amherst			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Symptomatic leukemia						INTERVAL BETWEEN ONSET AND DEATH 6 months
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. 2040						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m.		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 Nov 13, 1950 , to June 3, 1953 that I last saw the deceased alive on June 1, 1953 , and that death occurred at 9:25 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Frank H. Heubach M.D. (Degree or title)				23b. ADDRESS 462 No. Taylor		23c. DATE SIGNED 6/3/53	
24a. BURIAL, CREMATION, REMOVAL Burial		24b. DATE 6/5/53	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Meth		24d. LOCATION (City, town, or county) University City Mo. (State) _____		
DATE REC'D BY LOCAL REG. 6-4-53		REGISTRAR'S SIGNATURE Herbert R. D... M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial, 4715 cPherson			

(Licensed Embalmer's Statement on Reverse Side)

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

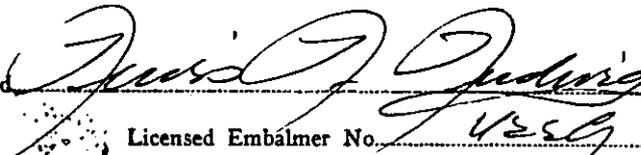
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 4254

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.