

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39524

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 544 Registrar's No. 2691

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (in this place) 3 Hrs.		c. CITY OR TOWN Overland		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital				STREET ADDRESS (If rural, give location) 3242 Royalton				
3. NAME OF DECEASED (Type or Print) a. (First) Amos b. (Middle) A. c. (Last) Bonnette			4. DATE OF DEATH (Month) * (Day) (Year) Nov. 19, 1954					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 16 1893		
9. AGE (in years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY County Water Co.		9. AGE (in years last birthday) 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) Laborer			10b. KIND OF BUSINESS OR INDUSTRY County Water Co.		11. BIRTHPLACE (City and State or Foreign Country) West Virginia		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Bonnette			13b. MOTHER'S MAIDEN NAME Martna Lotson		14. NAME OF HUSBAND OR WIFE Myrtle Bonnette			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-03-5961		17. INFORMANT'S SIGNATURE OR NAME Myrtle Bonnette ADDRESS 3242 Royalton				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		ANTECEDENT CAUSES Coronary Thrombosis					4 Hrs.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					4 Hrs.	
DUE TO (b) _____		DUE TO (c) _____					_____	
II. OTHER SIGNIFICANT CONDITIONS Old Myocardial Infarction		Conditions contributing to the death but not related to the disease or condition causing death.					7 mos.	
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) 4201 (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 April 4 , 19 54 , to Nov 19 , 19 54 , that I last saw the deceased alive on Nov 19 , 19 54 , and that death occurred at 11:30 P m. , from the causes and on the date stated above.								
23a. SIGNATURE Robert S. Hughes (Degree or title) M.D.				23b. ADDRESS Love Creek, Mo		23c. DATE SIGNED 11/20/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 22 1954		24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		24d. LOCATION (City, town, or county) Chesterfield (State) Mo.		
DATE REC'D BY LOCAL REG. 11/21/54		REGISTRAR'S SIGNATURE Richard B. Bonnette		25. FUNERAL DIRECTOR'S SIGNATURE Collier Mortuary ADDRESS 10123 St. Charles				

(Licensed Embalmers' Seal 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.....
Signature of Student Embalmer

Signed *Sheldon Collier*

Licensed Embalmer No. *338*

P. O. Address *10123 St. Ch*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.