

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2460**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **578**

1. PLACE OF DEATH
a. COUNTY **Saint Charles**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **St. Charles**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Saint Charles**

c. CITY OR TOWN **Saint Charles twsp.** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Saint Joseph's Hospital**

e. STREET ADDRESS (If rural, give location) **R.F.D. # 1**

3. NAME OF DECEASED a. (First) **Bonnie** b. (Middle) **L.** c. (Last) **Black** 4. DATE OF DEATH (Month) (Day) (Year) **Feb. 2, 1956**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Nov. 16, 1900** 9. AGE (In years last birthday) **55** IF UNDER 1 YEAR Months **2** Days **16** IF UNDER 1 YEAR Hours **0** Mins. **0**

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

10b. KIND OF BUSINESS OR INDUSTRY **own**

11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Kansas**

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

13a. FATHER'S NAME **Charles W. Martin**

13b. MOTHER'S MAIDEN NAME **unknown**

14. NAME OF HUSBAND OR WIFE **Charles Black**

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. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mr. Charles Black, St. Chas. Co., Mo.**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary artery sclerosis**
ANTECEDENT CAUSES **Thrombosis & occlusion**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **gen arteries sclerosis**
DUE TO (c) **Pulmonary embolism & Pulmonary infarction due to**
II. OTHER SIGNIFICANT CONDITIONS **(above) 4201**

INTERVAL BETWEEN ONSET AND DEATH
1 day
2 yrs
1 day

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **(above) 4201**

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan - 26 - 1953** to **Feb. 2 - 1956**, that I last saw the deceased alive **Feb 2 - 1956**, and that death occurred at **11 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE **R. J. Rudice M.D.** (Degree or title)

23b. ADDRESS **St. Charles, MO.**

23c. DATE SIGNED **February 4 1956**

24a. BURIAL CREMATION REMOVAL (Specify) **Burial**

24b. DATE **Feb. 6, 1956**

24c. NAME OF CEMETERY OR CREMATORY **Saint Peter's Cemetery**

24d. LOCATION (City, town, or county) (State) **Saint Charles, Mo.**

DATE REC'D BY LOCAL REG. **Feb 4 1956**

REGISTRAR'S SIGNATURE **Hannie R. Hammett**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C. Dallmeier & Sons Co. St. Charles Mo.**

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

FEB 17 1956

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..... *Frank R. Amalany*
Licensed Embalmer No. *483*
P. O. Address *St. Charles*

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.