Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31917

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7808

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST LOUIS, — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4544 LEXINGTON AVE — Length of stay in Ib 10

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY
c. CITY OR TOWN: ST LOUIS, 2109 — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 4544 LEXINGTON AVE — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LOUIS Middle Last BONK
4. DATE OF DEATH: Month AUG, Day 21, Year 1956
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: JAN, 21, 1888
9. AGE (In years last birthday): 68 — 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): RETIRED MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): ST LOUIS MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOSEPH BONK
14. MOTHER'S MAIDEN NAME: ROSA UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: NELLE BONK Address: 4544 LEXINGTON AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart — 1 yr.
DUE TO (c) disease with auricular fibrillation
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
420.0
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 12 '55, to Aug 21-56 and last saw him alive on Aug 4 56
Death occurred at 10:00 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Richard Glover (Degree or title) MD
22b. ADDRESS: 3720 Washington
22c. DATE SIGNED: Aug 22 '56

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 8-24-1956
23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEMETERY
23d. LOCATION (City, town, or county) (State): ST LOUIS COUNTY MISSOURI
24. FUNERAL DIRECTOR: STROOT - CARROLL ADDRESS: 4600 NATURAL BRIDGE AVE
25. DATE RECD. BY LOCAL REG.: AUG 23 1956
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr Richard Cone
Beaumont Bldg
2-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M. W. Rueter

Licensed Embalmer No. 486

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.