

FILED APR 23 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015555

STATE FILE NUMBER

318

1003

3423

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN E. St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER PHILLIPS			Length of stay in 1b 2 days		d. STREET ADDRESS 1387 W. Harrison (If outside, give location) 32 ADDRESS 1429 R. Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Link (Lank) Bonds				4. DATE OF DEATH Month Day Year 3-24-58					
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> 0 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-16-1911		9. AGE (In years last birthday) 46 IF UNDER 1 YEAR: Months Days 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 unemployed		11. BIRTHPLACE (City and state or country) Osceola, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Will Bonds				14. MOTHER'S MAIDEN NAME Annie Whimple					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no			16. SOCIAL SECURITY NO. ?		17. INFORMANT Elgi Hamsin Address 1916a Division				
18. CAUSE OF DEATH [Enter only one cause, unless for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tetanus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) E916.016 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Following burns suffered								INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of this 11 of item 18) Burns were reported by sweating in square, in Hague						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. ? 1. 15 58		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 320 Hague		20f. CITY, TOWN, OR LOCATION St. Louis MO		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 440 A m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE [Signature] (Degree or title) 3				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 3/25/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-25-58		23c. NAME OF CEMETERY OR CREMATORY Booker Washington		23d. LOCATION (City, town, or county) (State) E. St. Louis, Ill.			
24. FUNERAL DIRECTOR [Signature] ADDRESS 111 N. 13th St.				25. DATE RECD. BY LOCAL REG. MAR 25 '58		26. REGISTRAR'S SIGNATURE [Signature] mds			

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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 *M. James Nash*.....

Licensed Embalmer No. 42

P. O. Address 117 100

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