

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030170

STATE FILE NUMBER

8123

FILED SEP 15 1958

Registration District No.

318

Primary Registration District No.

1003

Registration District No.

300
1-57
0

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Ann 40710	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If outside, give location) 27 10540 St. Matthew Lane	
3. NAME OF DECEASED (Type or print) Charles H. Bonner Sr.		4. DATE OF DEATH Aug. 18, 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov. 4, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. 10 yrs. Brewery		10b. KIND OF BUSINESS OR INDUSTRY Worker	11. BIRTHPLACE (City and state or country) Ohio
13a. FATHER'S NAME John Bonner		13b. MOTHER'S MAIDEN NAME Elizabeth Meyer	14. NAME OF HUSBAND OR WIFE Bertha Bonner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or years of service) Yes 1943 to 1946		16. SOCIAL SECURITY NO. 498-03-8816	17. INFORMANT Marie Abbott St. Ann, Mo. Address 10540 St. Matthew Lane,
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary edema</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Lymphatic leukemia disseminated</i> DUE TO (c) <i>204.0</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>2 years</i>
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>1956</i> to <i>Aug 18-58</i> and last saw her/him alive on <i>8-18-58</i> . Death occurred at <i>7:00 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. K. ...</i> (Degree or title)		22b. ADDRESS <i>1005 Big Ben</i>	
		22c. DATE SIGNED <i>8-20-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>8-22-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Lemay 23, Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Southern Funeral Home 6322 S. Grand, St. Louis, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 21 58</i>	
		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

Dr Kimmelman
Big Bend & Clayton
96-13 - Red.

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 *David Van Fossan*

Licensed Embalmer No. *4243*

P. O. Address *St Louis, Mo.*

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.