

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045436

STATE FILE NUMBER  
12097

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12097

FILED JAN 12 1958

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
St. Louis  
Inside Limits Yes  No

c. CITY OR TOWN St. Louis  
Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3719a So. Jefferson Length of stay in lb  
d. STREET ADDRESS (If outside, give location) 3719a So. Jefferson Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
ELMER ELLIOTT BONNER

4. DATE OF DEATH Month Day Year  
Dec. 15, 1958

5. SEX male  
6. COLOR OR RACE white  
7. MARRIED  NEVER MARRIED   
WIDDED  DIVORCED

8. DATE OF BIRTH Dec. 1, 1890  
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) tuckpointer  
10b. KIND OF BUSINESS OR INDUSTRY brick tuckpointing  
11. BIRTHPLACE (City and state or country) Illinois /  
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown  
13b. MOTHER'S MAIDEN NAME unknown  
14. NAME OF HUSBAND OR WIFE Kathryn Mason Bonner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I  
16. SOCIAL SECURITY NO. 317-05-4750  
17. INFORMANT Address Mrs. Kathryn Bonner, 3719a So. Jefferson

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Arterio Sclerosis  
DUE TO (b) Pericucious Anemia  
DUE TO (c) 290.0  
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

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 Month, Day, Year a.m. p.m.  
20d. INJURY OCCURRED WHILE AT  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 \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at 10:30 A. \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 3 Patrick Taylor Carauer  
22b. ADDRESS 1300 Clark  
22c. DATE SIGNED 12.16.58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal  
23b. DATE Dec. 17, 1958  
23c. NAME OF CEMETERY OR CREMATORY National Cemetery  
23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri

24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC. 1936 St. Louis Ave  
25. DATE RECD. BY LOCAL REG. DEC 16 '58  
26. REGISTRAR'S SIGNATURE J. Carl Smith Mo  
mjb

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

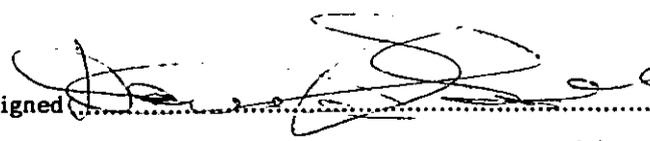
Decar, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

CORONER

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  \_\_\_\_\_

Licensed Embalmer No. 4520

P. O. Address St. Louis

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.