

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

791  
1003

8064

**1. PLACE OF DEATH**

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis, Mo. (No. Sanitarium) ..... St. .... Ward)

File No. ....  
Registered No. 2066

**2. FULL NAME**

William Bonner Jr.  
(a) Residence, No. 5145 Enright St., 13 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 26 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sadie Bonner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 13, 1864</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>1</u>
	DAYS <u>15</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sewing Machine Repairer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	
	11. Total time (years) spent in this occupation <u>Unknown</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moberly Missouri</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "	
MOTHER	15. MAIDEN NAME "	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "	
17. INFORMANT <u>Jefford A. Schaefering</u> (ADDRESS) <u>0506 Arsenal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>March 2, 1935</u>		
19. UNDERTAKER <u>Geo. L. Pleitsch, Inc.</u> (ADDRESS) <u>5966 Eastern Ave.</u>		
20. FILED <u>-1 1935</u> 19 <u>May 11</u> <u>Harvey</u> Registry		

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Feb 28, 1935  
I last saw h. l. 721. alive on Feb 27, 1935. Death is said to have occurred on the date stated above, at 5:00 p.m.  
The principal cause of death and related causes of importance were as follows:  
acute myocarditis  
coronary occlusion  
arteriosclerosis  
hypertension  
Other contributory causes of importance:  
None  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....  
(Signed) Jefford A. Schaefering, M. D.  
(Address) 0506 Arsenal

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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