JUN 12 1937

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

Do not use this space.

18219

File No. 4795

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. St Johns Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Frank A Bonroe

(a) Residence, No. 7818 Grove Ave St., NR Ward. Shrewsbury Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary A. Bonroe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Safety Engr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Ill

FATHER

13. NAME Joseph Bonroe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace-Lorraine

17. INFORMANT Mary A Bonroe.
(ADDRESS) Shrewsbury Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park DATE 5-13 1937

19. UNDERTAKER Jas P Donald Funeral Home
(ADDRESS) 1457 Manchester

20. MAY 11 1937 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1937, to May 9, 1937

I last saw he alive on May 9, 1937. Death is said to have occurred on the date stated above, at 1030 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of mouth (primary)	Jan 1937

Other contributory causes of importance:

acute dilatation of heart	May 9 1937

Name of operation Cauterization of mouth Date of May 7

What test confirmed diagnosis? Clinical 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) Wm T Glennon, M. D.

(Address) University Club Bldg St Louis

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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