

RECEIVED JUL 17 1940

STANDARD CERTIFICATE OF DEATH

State File No. **19978**
Registrar's No. **4926**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 23
(d) Street No. 2654a Lafayette Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Fred Bone
(b) If veteran, name war No
(c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lydia 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 7, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 10 27 hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business Retired

12. Name Firmin Bone
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Dace
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Bone
(b) Address 2654a Lafayette Ave

17. (a) Burial (b) Date thereof 6/6/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director R. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) JUN 5 1940 (b) J. B. [Signature]
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4,
year 1940 hour 8:40 minute A. M.

21. I hereby certify that I attended the deceased from June 3, 1940 to June 4, 1940;
that I last saw him alive on June 4, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Possible myocardial infarction.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 9/1/40
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 84 ft
(Specify type of place) (e) Means of injury _____

23. Signature R. R. [Signature] (M.D. or other) _____
Address 1515 Lafayette Date signed 6/4/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed L. R. Coape

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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 this body is not embalmed, above space should be left blank.