

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23888

State File No.

6333

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Lester Bonacker 526

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 109-07-8553

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife ZOE 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Dec. 7 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40 7 20 hr. min.

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

10. Usual occupation Oil Distributor

11. Industry or business.....

MOTHER FATHER { 12. Name August Bonacker

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Annie Harre

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Bonacker

(b) Address Festus, Mo.

17. (a) Burial (b) Date thereof 7-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JUL 28 1940 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Crystal City
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location) N.R.

(e) If foreign born, how long in U. S. A. ?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 27 year 1940 hour 7:40 minute 15 M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death 1st, 2nd and 3rd Degree Burns of entire body suffered when decedent was burned due to gasoline burner exploded at Se Sol's Mo Duration

Other conditions (Include pregnancy within 3 months of death) July - 27 - 1940

Major findings Of operations

Of autopsy accident

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) Accident

(b) Date of occurrence 7/27/40

(c) Where did injury occur? Se Sol's Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
While at work? (Specify type of place) (e) Means of injury

23. Signature Alfred Morris (M. D. or other) 5

Address deputy Coroner Date signed 7/28/40

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JUN 1 1942

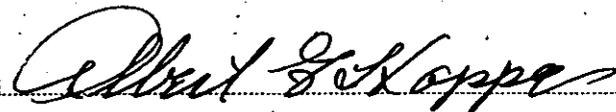
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 2971

P. O. Address.....

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, fact should be so stated above.