

No. 2  
1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26279  
Registrar's No. 1412

Registration District No. 780 Primary Registration District No. 200

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town W. W. Mann  
(c) Name of hospital or institution:  
(If not in hospital or institution, write number or location)  
(d) Length of stay: In hospital or institution 7 YEARS (Specify whether years, months or days)  
In this community 7 YEARS

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town W. W. Mann (If outside city or town limits, write "RURAL")  
(d) Street No. 6350 Garesche Ave. (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Bonkamp  
3. (b) If veteran, name war NO  
3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, SINGLE  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased AUG 14 1882  
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation HOUSE WORK

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Joe Bonkamp  
13. Birthplace GERMANY (City, town, or county) (State or foreign country)  
14. Maiden name ANNA U. W.  
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Rev. M. J. Clarke

(b) Address 2350 Spruce  
17. (a) BURIAL (b) Date thereof July 7 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALVADOR

18. (a) Signature of funeral director C. J. ...

(b) Address 126 1/2 West Bridge St

19. (a) JUL 5 1941 (b) DR. Meyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd  
year 1941 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 11-13-39 to July 3, 1941  
that I last saw her alive on July 3rd  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio Vascular-Renal disease - Chr. Cholecystitis - Myocarditis-Chr. Int. Nephritis Arteriosclerosis-Right kidney removed some 4 mo. ago. Nephroma Myocardial decompensation -  
Other conditions Albuminuria - Gen. Anasarca - Uremia - Uremia Coma  
Due to years ago. Nephroma

Duration 2 yrs.  
4 mo.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings: Of operations None  
Of autopsy No

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(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? No  
While at work? No (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Dr. Meyer (M. D. or other) \_\_\_\_\_  
Address 3718 Jennings Rd. Pine Lawn Mo. signed 7-5-'41

**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 Clement M. Meauf

Licensed Embalmer No. 3732

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 this body is not embalmed, fact should be so stated above.**