

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **Alexian Bros. Hospital**  
(d) Length of stay: In hospital or institution **1 week**  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(d) Street No. **1006 Victor Street**  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**JOSEPH J. BONK.**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife **Stella Bonk** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **March 19 1870.**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **7** Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **New York.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Moulder**

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

MOTHER FATHER { 12. Name **John Bonk**  
13. Birthplace **Poland**  
14. Maiden name **Dont know**  
15. Birthplace **Dont know**

16. (a) Informant **Stella Bonk**  
(b) Address **1006 Victor Street**

17. (a) **Burial** (b) Date thereof **10/26/43.**  
(c) Place: burial or cremation **SS. Peter and Paul Cem.**

18. (a) Signature of funeral director **William Bonk**  
(b) Address **2842 Meramec Street.**

19. (a) **OCT 25 1943** (b) **J. F. Budeck**  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **23**  
year **1943** hour **4** minute **08 a.m.**

21. I hereby certify that I attended the deceased from **19/10/43**  
to **10/23**, 19**43**  
that I last saw him alive on **10/23/43**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral infarct  
arterial hypertension**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **arterial sclerosis**  
(include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **William Bonk** (M. D. or other)  
Address **3450 Gravois Ave** Date signed **1/2/44**

Duration  
**3 Months  
3 weeks**  
**10 years**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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.....

*Joe S. Benz*  
Licensed Embalmer No. 4249  
2842 Meramec Street  
P. O. Address..... St. Louis, Mo., .....

**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.**