

FILED OCT 22 1943
 318

Registration District No. _____

Primary Registration District No. 100

Registrar's No. 8948

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 days
(Specify whether years, months or days)
 In this community 7 years
(Specify whether 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")
 (d) Street No. 2105a Biddle
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Bulah Bonner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife John Bonner 6. (c) Age of husband or wife if alive 39 years
 7. Birth date of deceased March 10 1904
(Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER
 12. Name Lee Rodges
 13. Birthplace Unknown ? 9
(City, town, or county) (State or foreign country)
 14. Maiden name Betty ? 9
 15. Birthplace Unknown ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Bonner

(b) Address 2105a Biddle St

17. (a) Burial (b) Date thereof 10-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) OCT 11 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8,
 year 1943 hour 1 minute 20 A. M.
 21. I hereby certify that I attended the deceased from September 17,
1943 to October 8, 1943.
 that I last saw her alive on October 8, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
 Duration Unk.

Due to _____
 Due to _____
 Other conditions _____
(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? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (c) Means of injury 0

23. Signature J. E. Smith (M. D. or other) _____
 Address 2601 N. White St Date signed 10/14/43

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.....

Lonnie Baykins....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Lonnie Baykins*.....

Licensed Embalmer No.....*2946*.....

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.