

6010  
No. 2  
4-2-43  
5-17-39  
1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36154**

REGISTRATION DISTRICT NO. **1160 DEC 13 1943 18**

Primary Registration District No. **1005**

Registrar's No. **10590**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Stakloff Memorial  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 5 days (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME Ernest Bone

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, Widower

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 24 1885  
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Jacobs Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

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

MOTHER FATHER { 12. Name Zachariah Bone

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Aurelia Clark

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant William Bone

(b) Address 2210 N. 13th St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-2-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenville, Illinois

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

(b) Address 4700 Washington Blvd.

19. (a) DEC 2 1943 (Date received local registrar) J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1005**

(a) State Illinois (b) County Bond **999**

(c) City or town Greenville (If outside city or town limits, write "RURAL") **11**

(d) Street No. \_\_\_\_\_ (If rural, give location) **N.P.**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_ **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th  
year 1943 hour 11:30 minute \_\_\_\_\_ P.A.M.

21. I hereby certify that I attended the deceased from November 26th, 1943, to November 30th, 1943.

that I last saw him alive on November 30th, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia

Due to Carcinoma of Lung

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations WJ

Of autopsy Carcinoma of Lung

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Brudick (M. D. or other)

Address 1515 Lafayette Date signed 12/1/43

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.....

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

Signed *Albert G. Koffen*.....

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.**