

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

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: 3635 Castleman
(If not in hospital or institution, write street number or location)

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

In this community 38 YEARS
years, months or days

3. (a) PRINT FULL NAME Lottie Bonnot

3. (b) If veteran, name war No

3. (c) Social Security No. Nik

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EDMOND BONNOT

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased MAY 1 1874
(Month) (Day) (Year)

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

69 9 28 hr. min.

9. Birthplace Lincoln, Osage Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name Jessie Moore

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

14. Maiden name FARLEE MEARS

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

16. (a) Informant Edmond Bonnot

(b) Address 3635 CASTLEMAN AVE

17. (a) EMBURMENT (b) Date thereof 3-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA MAUSOLEUM

18. (a) Signature of funeral director MITTELBERG FUN HOME

(b) Address WEAVER GRAVES MO

19. (a) FEB 29 1944 (Date received local registrar)
J. T. Bruders (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

(c) City or town ST LOUIS 917
(If outside city or town limits, write "RURAL")

(d) Street No. 3635 CASTLEMAN AVE
(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29
year 1944 hour 12 minute 55 A.M.

21. I hereby certify that I attended the deceased from July 10 1943 to Feb 29 1944
that I last saw her alive on 2-28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - hypostatic

Due to _____

Due to _____ 50

Other conditions Carcinoma
(Include pregnancy within 3 months of death)

Major findings: Breast - right

Of operations _____

Of autopsy _____

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)

Means of injury 0

23. Signature John Aluembler (M. D. or other) md

Address 1504 So Grand Date signed 2/29/44

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

John M. Meyer

Licensed Embalmer No. *3288*

P. O. Address *Kirkwood 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.