

FILED SEP 21 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8809

1. PLACE OF DEATH:

(a) County Nil
(b) City or town St. Louis, 10
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day
(Specify whether
In this community Forty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nil
(c) City or town St. Louis, 10
(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 _____

3. (a) PRINT FULL NAME Edmond Bonnot M.D.

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lottie Moore Bonnot
6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased July 4 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 9
If less than one day hr. _____ min. _____

9. Birthplace Bonnets Mill Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Physician and Surgeon

11. Industry or business _____

MOTHER FATHER { 12. Name John Bonnot
13. Birthplace Unknown France
(City, town, or county) (State or foreign country)
14. Maiden name Mary ?
15. Birthplace Caddy Creek Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles J. Collins
(b) Address 3635 Castleman Ave.

17. (a) Entombment (b) Date thereof 10 15 '46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Chapel of Light

18. (a) Signature of funeral director MITTELBERG FUNERAL HOME
(b) Address OCT 14 1946 Webster Groves, 19, MO

19. (a) _____ (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1946 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from 10-13-46 to 10-13-46
that I last saw live on 10/12 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Chronic
arterio sclerosis Disease

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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? _____

23. Signature Wm. B. Kountz (Specify type of place) _____
While at work? _____ (c) Means of injury _____
Address 415 Lottel Bldg (M. D. or other) _____
Date signed 10/14

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 *Vari M. Simon*

Licensed Embalmer No. 04343

P. O. Address 7415 Zephyr Pl
Mayfield N

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.