

No. 2  
12-45  
5-17-39  
1 X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11779  
State File No. \_\_\_\_\_  
Registrar's No. 641

FILED MAR 23 1947  
Registration District No. 3/127

Primary Registration District No. 3066

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Old Folks Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Several Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lila Bonsor  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 14 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 4 6 hr. \_\_\_\_\_ min.

9. Birthplace Southeast Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

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

MOTHER FATHER { 12. Name Martin  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Brown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Brown, Matron  
(b) Address Old Folks Home

17. (a) Burial (b) Date thereof 3/22/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Louis H. Bopp, Inc.  
(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) 3-21-47 (b) Arthur J. Blenheim  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 711 S. Kirkwood Road  
(If rural, give location)  
(e) Citizen of foreign country? N. O. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 20  
year 1947 hour 4<sup>00</sup> minute a M.  
21. I hereby certify that I attended the deceased from Jan 1,  
1947, to March 20, 1947.  
that I last saw her alive on March 18, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 day

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 A. A. Theslie (M. D. or other) MD  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address Kirkwood, Mo. Date signed 3/20/47

---

---

**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..... *Felix Heward* .....

Licensed Embalmer No. *3034* .....

P. O. Address *Merwood (22) 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.**