

FILED JAN 11 1949 **318**

**1003**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Home S. Phillips 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 8 yrs years, months or days

3. (a) PRINT FULL NAME Mrs Mary Bonner

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 492-22-8501

4. Sex F. 3 Color or race Col

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

6. (b) Name of husband or wife Fred Bonner

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased 6 1 1922  
(Month) (Day) (Year)

8. AGE: Years 26 Months 6 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House work

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

12. Name Fate Shivers

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

14. Maiden name Agela Henry

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

16. (a) Informant Fred Bonner

(b) Address 1917 O Fallon St

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12-16-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Gus Howe

(b) Address 2930 Dikerson St

19. (a) DEC 16 1948 (Date received local registrar)

(b) J. D. Lassiter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1917 O Fallon St  
21 (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day 11th year 1948 hour 7:45 minutes 300 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

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

Due to 94

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 5

23. Signature W. H. Gray (M. D. or other) \_\_\_\_\_  
Address Copy 4 Date signed 12/11/48

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

MOTHER FATHER

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**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 Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

**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.**