

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

31617  
8582

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS MO</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3671 HICKORY ST</b>				d. STREET ADDRESS (If rural, give location) <b>10 3671 HICKORY ST</b>			
3. NAME OF DECEASED a. (First) <b>WILLIAM</b>			b. (Middle) <b>R</b>		c. (Last) <b>BONIFACE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 3 1949</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JULY 23 - 1875</b>		9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STREET CAR MOTORMAN-RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ST. LOUIS PUBLIC SERVICE</b>		11. BIRTHPLACE (State or foreign country) <b>INDIANA</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>WILLIAM J BONIFACE</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH ELIZ HOADLEY</b>		14. NAME OF HUSBAND OR WIFE <b>ELDORA BONIFACE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Eldora Boniface</b> ADDRESS: <b>3671 HICKORY</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES <b>Arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>none</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <b>97</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>#500</b>			
22. I hereby certify that I attended the deceased from <b>Sept 20, 1949</b> to <b>Oct 2, 1949</b> , that I last saw the deceased alive on <b>Oct 2, 1949</b> , and that death occurred at <b>6 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Joseph Blaney</b> (Degree or title) _____				23b. ADDRESS <b>706 Olive</b>		23c. DATE SIGNED <b>10-5-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT 6 - 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET-BURIAL-PARK</b>		24d. LOCATION (City, town; or county) (State) <b>ST. LOUIS MO</b>		
DATE REC'D BY LOCAL REG. <b>OCT 5 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lassiter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. J. Robert Loney + Ynd. Co.</b> ADDRESS <b>1905 So. GRAND.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACKINK—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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ronald O. Yabuta

Licensed Embalmer No. 3917

P. O. Address St. Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**