

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

 State File No. **34946**
8645

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7109 Vermont Ave.				d. STREET ADDRESS (If rural, give location) WA. 9430 Reavis Barracks Rd.			
3. NAME OF DECEASED (Type or Print) a. (First) Eda		b. (Middle) Elizabeth		c. (Last) Bonnel		4. DATE OF DEATH (Month) — (Day) (Year) Oct. 6, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 29, 1888		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Soddy, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Carl Schaffrin		13b. MOTHER'S MAIDEN NAME Hannah Atherton		14. NAME OF HUSBAND OR WIFE Charley Bonnel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Daugherty, 7109 Vermont			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, hypertensive ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Etiology unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none					INTERVAL BETWEEN ONSET AND DEATH 1 year 2 year 4222
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) MI		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 102			
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? ###X			
22. I hereby certify that I attended the deceased from June 5, 1948 , to Oct 6, 1949 , that I last saw the deceased alive on Oct 6, 1949 , and that death occurred at 1:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Melvin R. Waluchi M.D.				23b. ADDRESS 8301 S. Seaton		23c. DATE SIGNED 10-6-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-6-49		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) St. Charles, Mo.	
DATE REC'D BY LOCAL REG. OCT 7 1949		REGISTRAR'S SIGNATURE J. B. Proctor		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.C. Dallmeyer & Son, St. Charles, Mo.			

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300

10. 48

NOV 1 1949

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Isaac W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis 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.