S. No. 300
v. 10.48

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43215
Registrar's No. 04754

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

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

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Barracks, Mo
c. LENGTH OF STAY (in this place): 2 Mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: 00
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belleville
d. STREET ADDRESS (If rural, give location): 11 So. 10th St

174
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3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Fred
c. (Last): Bonhard

4. DATE OF DEATH (Month) Dec (Day) 20 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-7-1988
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 11, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St Clair Co., Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Bonhard
13b. MOTHER'S MAIDEN NAME: Kathryn Dietrich
14. NAME OF HUSBAND OR WIFE: Leola A Bonhard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 3-23-18 to 12-19-18
16. SOCIAL SECURITY NO.: 328-03-2701 Unk
17. INFORMANT'S SIGNATURE OR NAME: VA Hospital Records — ADDRESS:

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) PULMONARY EMBOLUS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) HEART DISEASE PROBABLY HYPERTENSIVE WITH OLD MYOCARDIAL INFRACTION — UNKNOWN
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 420.1
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *attended the deceased from* 10-28-49, 19__, *to* 12-20, 19 49, ~~[illegible]~~ *and that death occurred at* 10:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Stilwell — L. E. STILWELL M.D. CHF. OF PROF. SERVICES
23b. ADDRESS: Vets Adm Hosp, Jeff Brks, Mo
23c. DATE SIGNED: 12-21-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 23, 1949
24c. NAME OF CEMETERY OR CREMATORY: Walnut Hill
24d. LOCATION (City, town, or county) (State): Belleville, Illinois

DATE REC'D BY LOCAL REG.: 12-22-49
REGISTRAR'S SIGNATURE: Herbert R. Wombe, M.D. SEA
25. FUNERAL DIRECTOR'S SIGNATURE: LUNDLACH FUNERAL HOME — ADDRESS: BELLEVILLE, ILL.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3697

P. O. Address Bellville Ill

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.