

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6014

FILED FEB 17 1950

State File No. 1215
Registrar's No. 1003

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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) St. Louis		c. LENGTH OF STAY (in this place) 2 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 4248 Fairfax Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Ellen b. (Middle) G. c. (Last) Bonman		4. DATE OF DEATH (Month) (Day) (Year) Feb. 3 1950	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/2/91
9. AGE (In years last birthday) 58	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Lamar Co., Alabama	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Hollis		13b. MOTHER'S MAIDEN NAME Alabama Bankhead	
14. NAME OF HUSBAND OR WIFE Wrispus Bonman		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 Modina Robinson	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach with Metastasis INTERVAL BETWEEN ONSET AND DEATH Undet.	
2. ANTECEDENT CAUSES Undetermined		3. DUE TO (b) _____ DUE TO (c) _____	
4. II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 161A		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from 12-28 , 19 49 , to 2-3 , 19 50 , that I last saw the deceased alive on 2-3 , 19 50 , and that death occurred at 7:20 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Montague Lawrence		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 2-6-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2/10/50		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis, Co. Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates	
DATE REC'D BY LOCAL REG. FEB 7 1950		REGISTRAR'S SIGNATURE J. B. Lester	
25. FUNERAL DIRECTOR'S ADDRESS 4107 Finney Avenue			

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.....
Student Embalmer

Signed.....
John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.