

FILED MAR 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9090

BIRTH NO. REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 15 15

0500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis 8		
b. CITY (If outside corporate limits, write RURAL and give township) Hillsboro		c. LENGTH OF STAY (If this place) 7 days	c. CITY (If outside corporate limits, write RURAL and give township) 6 Clayton Avenue		4462
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home			d. STREET ADDRESS (If rural, give location) 6320 Alamo Ave.		
3. NAME OF DECEASED a. (First) Anna b. (Middle) Bonville c. (Last) Eaton			4. DATE OF DEATH (Month) (Day) (Year) MAR. 13 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12/22/72	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Buffalo, N. Y.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frederick K. Bonville		13b. MOTHER'S MAIDEN NAME Louisa Nicholson	14. NAME OF HUSBAND OR WIFE UNKNOWN		
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. —	17. INFORMANT'S SIGNATURE OR NAME R. J. Ambuster		ADDRESS 6633 Clayton Ave.
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) Hypertensive cardiovascular disease		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) _____ DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		443x
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		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 3-4- , 19 51 , to 3-13 , 19 51 , that I last saw the deceased alive on 3-4- , 19 51 , and that death occurred at 12:19 m., from the causes and on the date stated above.					
23a. SIGNATURE R. J. Ambuster			(Degree or title) M. D.	23b. ADDRESS DeSoto Mo. Crystal City,	23c. DATE SIGNED 3/13/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/15/51	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. 3-13-51		REGISTRAR'S SIGNATURE Hubert M. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 3-21-51

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. 402

Signed Don Benz
Student Embalmer

Signed Arnold B. Dietrich

Licensed Embalmer No. 4104

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.