

FILED JUL 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No. 24495  
Registrar's No. 6455

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE		
b. CITY OR TOWN <i>St. Louis</i>			c. CITY OR TOWN <i>ST. LOUIS</i>		
c. LENGTH OF STAY (In this place)			2189		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home H. Phillips</i>			d. STREET ADDRESS <i>3146 E Rutger</i>		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <i>Bonda</i>			b. (Middle) <i>Sonnell</i>		
c. (Last)			c. (Month) <i>July</i>		
5. SEX <i>3</i>			6. COLOR OR RACE <i>col</i>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>			8. DATE OF BIRTH <i>March 27 1880</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>no</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>		
11. BIRTHPLACE (State or foreign country) <i>no</i>			12. CITIZEN OF WHAT COUNTRY? <i>1</i>		
13a. FATHER'S NAME <i>Kloster Bailey</i>		13b. MOTHER'S MAIDEN NAME <i>Bessie Johnson</i>		14. NAME OF HUSBAND OR WIFE <i>-</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Jennie Mc Kloster</i>	
18. CAUSE OF DEATH (State only one cause per line (a), (b), and (c))		MEDICAL CERTIFICATION		ADDRESS <i>3146 E Rutger</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Tr of right femur, Arterio</i>		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the manner of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <i>Arterio</i>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>fall to the floor in her home</i>			
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) <i>3146 E Rutger St on July</i>			
Conditions contributing to the death but not related to the disease or condition causing death.		<i>11th, 1951 at about 9:30 am</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo</i>	
21d. TIME OF INJURY <i>July 11 5:30 PM</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <i>890 20</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at <i>6:01 P.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Patrick E Taylor</i>				23b. ADDRESS <i>300 Clark</i>	
23c. DATE SIGNED <i>7 19 51</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>July 20 51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Vickberg</i>	
24d. LOCATION (City, town, or county) (State) <i>Miss</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>F. L. Green</i>		ADDRESS <i>4214 Delmar</i>	
DATE REC'D BY LOCAL REG. <i>JUL 19 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>			

WRITE PLAINLY—USING UNFADING BLACK INK—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 *J. A. Green* \_\_\_\_\_

Licensed Embalmer No. *2963*

P. O. Address *4714 Delmar*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 24495-

State of..... }  
County of..... } ss.

Local Registrar's No. 6455

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....  
....., who, upon..... oath, states that the original record of birth  
for Birda Donnell died 7-17-1951, 19....., in the State of  
~~born~~ Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 7 should read March 17 1886

Instead of..... Jan. 20 1863

Item No. 8 should read Age 65

Instead of..... 87

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant F. C. Green Fun Dir  
Relationship.

4214 Delmar 4214  
Present Address.

Subscribed and sworn to before me this 6 day of Aug, 1951

My Commission expires 3-4-53 Geo. C. Johnson Notary Public.