

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7636

State File No. \_\_\_\_\_

FILED MAR 19 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 574

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Fenton</u>		c. LENGTH OF STAY (in this place) <u>5 Days</u>	c. CITY OR TOWN <u>EUREKA</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BEST HAVEN NURSING HOME</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>5001</u>	
		No. STREET ADDRESS (If rural, give location) <u>RR #1 MERAMEC TOWNSHIP.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>ERNEST</u> c. (Last) <u>BONACKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. - 28 - 1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug. 19<sup>th</sup> 1862</u>	9. AGE (In years last birthday) <u>93</u>	10. IF UNDER 1 YEAR Months <u>6</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RET. INVALID</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS - Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>DANIEL BONACKER</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINA RIECHMAN</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA W. BONACKER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, state war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>K. E. Bonacker Eureka Mo</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza by prodromic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senile arteriosclerosis</u>			15 yrs.
	DUE TO (c) <u>3rd degree burns of neck &amp; back</u>			

19a. DATE OF OPERATION <u>none.</u>	19b. MAJOR FINDINGS OF OPERATION <u>none.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4500<sup>F</sup> + 493X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 2-5, 1956, to 2-14, 1956, that I last saw the deceased alive on 2-5, 1956, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. B. [Signature]</u> (Degree or Title)		23b. ADDRESS <u>Eureka, Mo.</u>		23c. DATE SIGNED <u>2-29-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH 2-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST MARTIN'S F.R. CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>HIGH RIDGE Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-29-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BRIMMER FUN. HOME HOUSE SPRINGS Mo.</u>			

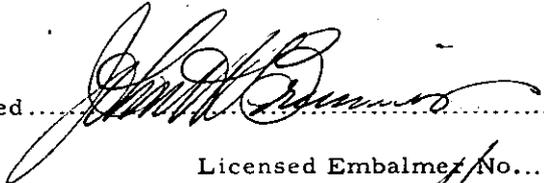
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE-A PERMANENT RECORD

No. 300  
10-48

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.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No. 147  
P. O. Address Home Springs

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.