

Health,
& Welfare
Public
Service

S. 300
v. 1-56

securing the medical certificate in the same specific manner required by 1937, 1940 and 1957.
Doctor, coroner, etc. must precisely state nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be accurately related. Coroner cannot certify to a death due to natural causes.

FILED APR 22 1957

STANDARD CERTIFICATE OF DEATH

14491
STATE FILE NUMBER 3252

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Home-1423 Arlington Ave.			Length of stay in lb		d. STREET ADDRESS 1423 Arlington		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Nathan Bonner				4. DATE OF DEATH 3-30-57		Month		Day		Year			
5. SEX 2 Male		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 24, 1903		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Loan Oak, County, Miss.			12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13. FATHER'S NAME Nathan Bonner						14. MOTHER'S MAIDEN NAME 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. 173-03-5530		17. INFORMANT Address Mrs. Eula Bonner 1423 Arlington							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of pancreas causing biliary obstruction										INTERVAL BETWEEN ONSET AND DEATH 6 months			
Conditions, if any, which were a direct cause (a), or which were the underlying cause last.										DUE TO (b)		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 157x												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>										
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE				
21. I attended the deceased from Feb. 1, 1957, to Feb. 21, 1957 and last saw ^{her} him him alive on Feb. 21, 1957 Death occurred at 7 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE B. W. Klippel, M.D. (Degree or title)						22b. ADDRESS 3-30-57 3701 Grandel Square			22c. DATE SIGNED 4-1-57				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-5-57		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery				23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri					
24. FUNERAL DIRECTOR Metropolitan Funeral System, Inc.					25. DATE RECD. BY LOCAL REG. APR 3 '57		26. REGISTRAR'S SIGNATURE Carl Smith MD m2B.						

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John K. Cunningham*

Licensed Embalmer No. *447*

P. O. Address *2405 Olive*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.