

FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29236  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7258

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. RESIDE ON FARM	
First Middle Last		Month Day Year		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
John I. Bonzani		8 2 1957			
6. SEX	7. COLOR OR RACE	8. MARRIED	9. NEVER MARRIED	10. DATE OF BIRTH	
Male	White	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> NEVER MARRIED	3/27/1897	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. KIND OF BUSINESS OR INDUSTRY		13. BIRTHPLACE (City and state or country)	
Engineer		Recreation		Missouri	
14. FATHER'S NAME		15. MOTHER'S MAIDEN NAME		16. NAME OF HUSBAND OR WIFE	
Battesta Bonzani		Margaret Zani		Frances Bonzani	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		18. SOCIAL SECURITY NO.		19. INFORMANT Address	
no		433-26-7256		Frances Bonzani 1335 Gregan Pl.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> <u>Coronary Sclerosis</u> 420.1 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART-I or PART II of item 18.)			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
20c. TIME OF INJURY		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
Hour Month, Day, Year a.m. p.m.		20e. CITY, TOWN, OR LOCATION COUNTY STATE			
20d. INJURY OCCURRED WHILE AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
<input type="checkbox"/> NOT WHILE AT WORK					
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>1258 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated					
22a. SIGNATURE		22b. ADDRESS		22c. DATE SIGNED	
<u>Joseph M. DeLeon</u> (Degree and title)		<u>1300 Clark</u>		<u>8/3/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
Burial		8/5/1957		Calvary Cemetery	
23d. LOCATION (City, town, or county)		23e. DATE RECD. BY LOCAL REG.		23f. REGISTRAR'S SIGNATURE	
St. Louis Mo.		AUG 5 '57		<u>Carl Smith MD</u>	
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
<u>Arthur J. Donnelly</u> 3840 Lindell Blvd.		AUG 5 '57		<u>Carl Smith MD</u>	

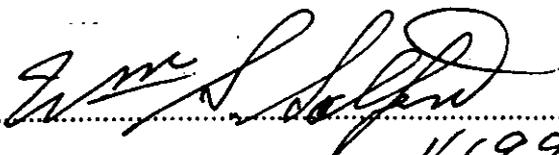
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....  
Licensed Embalmer No. 4699.....  
P. O. Address 3840 Lincoln.....

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.