

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

33340

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City, **St Louis** (No. **1025**, **Dillon St**)

File No.

Registered No. **111329**

St. Ward)

2. FULL NAME

William A Bounds

(a) Residence. No. St., **77** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 19-1857**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	70	10	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Farmer 131**
 (b) General nature of industry, business, or establishment in which employed (or employer) **182E**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

PARENTS

10. NAME OF FATHER **James Bounds**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

14. INFORMANT **Walter E Bounds**
 (Address) **1025 Dillon St**

15. FILED **May 6 Stark** 19...
 REGISTER

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 21** 19 **28**

17. I HEREBY CERTIFY That I attended deceased from **Oct 12** 19 **28** to **Oct 21** 19 **28** that I last saw **him** alive on **Oct 21** 19 **28** and that death occurred, on the date stated above, at **8:25 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

uremia - for 24 hours from chronic interstitial nephritis

CONTRIBUTORY (SECONDARY) **Hypertrophy of prostate** (duration) yrs. mos. ds. **4**

18. WHERE WAS DISEASE CONTRACTED **129 W**
 IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH. DATE OF...
 WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **microscope**
 (Signed) **M Brodeur** M. D.

10-21-1928 (Address) **1236 Franklin**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Bunker M** DATE OF BURIAL **10-22** 19 **28**
 ADDRESS **2039 Wash St**

20. UNDERTAKER **Arthur J Donnelly**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

... of ...

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