

1941 MAY 13 1941
Registration District No. **701**

Primary Registration District No. **1003**

Registrar's No. **3265**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5960^A Plymouth Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5960^A Plymouth Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME

Robert J. Bond

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Mildred Bond

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased MARCH 16 1923
(Month) (Day) (Year)

8. AGE: Years 35 Months -0- Days 28 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation CLERK

11. Industry or business McGURRY-NORRIS Co

12. Name Robert J. Bond, Sr

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant MRS Robert J. Bond

(b) Address 5960^A Plymouth Ave

17. (a) BURIAL (b) Date thereof 4-16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director SULLIVAN BROS

(b) Address 2849 N. Euclid Ave

19. (a) APR 16 1941 (b) J. W. Zwick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1941 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 1931, to 4-14, 1941;
that I last saw him alive on 4-14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Ocular Tuberculosis Duration 4 yrs.

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John W. Hammond (M. D. or other) MD
Address 634 N. Grand Date signed 4/14/41

Dr. Hammond
The Theatre Bldg

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Albert Mayfield
Licensed Embalmer No. 3077
P. O. Address.....

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, above space should be left blank.