

FEB 24 1942

Registration District No. Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis**
(c) Name of hospital or institution: **BARNES HOSPITAL**
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Oakville**
(d) Street No. **Telegraph + Meramec Rds**
(e) Citizen of foreign country? **no**
If yes, name country

3. (a) PRINT FULL NAME **John Marion Pond**

3. (b) If veteran, name war **no** 3. (c) Social Security No.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **divorced**

6. (b) Name of husband or wife **Nancy** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **May 16 1860**
(Month) (Day) (Year)

8. AGE: Years **81** Months **8** Days **8** If less than one day hr. min.

9. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **none**

MOTHER FATHER

12. Name **unknown Pond**

13. Birthplace **unknown**
(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 **George Pond**

(b) Address **Oakville, Mo.**

17. (a) **burial** (b) Date thereof **1-27-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn**

18. (a) Signature of funeral director **Fendler Und. Co.**

(b) Address **7420 Michigan Ave.**

19. (a) **Jan 20 1942** (b) **J. J. Anderson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **24**
year **1942** hour **1** minute **20** p. M.

21. I hereby certify that I attended the deceased from **1/1** 19**42** to **1/24** 19**42**
that I last saw **alive** on **1/23** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac decompression**

Due to **Hypertensive heart disease**
Thromboclerosis

Due to **Atherosclerosis, generalized**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **Cardiac hypertrophy, cirrhosis of liver, atherosclerosis, nephrosclerosis**

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) (c) Means of injury
Signature **L. A. Mulliken** M. D. or other
Address **BARNES HOSPITAL** Date signed **1/24/42**

(Licensed Embalmer's Statement on Reverse Side) **608 S. Kingshighway**

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

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.....

Oliver E. Fenwick

Licensed Embalmer No. *4148*

P. O. Address *Sumner Mass*

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, fact should be so stated above.