S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1943

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8103

Registrar's No. 2977

1. PLACE OF DEATH:

(a) County: City of St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4230 So. 37th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

(c) City or town: City of St. Louis (If outside city or town limits, write "RURAL")

(d) Street No.: 4230 So. 37th St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Paul L. Bond

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife:

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

7. Birth date of deceased: April (Month) 28 (Day) 1867 (Year)

8. AGE: Years 75 Months 10 Days 29 If less than one day hr. min.

9. Birthplace: St. Mary (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Stationery Engineer

11. Industry or business: Retired 10 Years

MOTHER FATHER

12. Name: Geo. Bond

13. Birthplace: (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Catherine Bogy

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

16. (a) Informant: Mildred Givens

(b) Address: 4230 So. 37th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-31-43 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Genevieve, Mo.

18. (a) Signature of funeral director: Southern Funeral Home

(b) Address: 6322 So. Grand Blvd.

19. (a) MAR 29 1943 (Date received local registrar) (b) J. F. Budesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1943 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from March, 1941, to March 27, 1943, that I last saw h. alive on Mar 27, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration: 2 years

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): no

(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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: John A. Neil M.D. (M. D. or other) M.D.

Address: 2761 Brown Date signed Apr.

(Licensed Embalmer's Statement on Reverse Side)

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 Virgil L. Berryman

Licensed Embalmer No. C 4018

P. O. Address St. Louis, Mo.

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.