S. No. 2
M—2-43
5-17-39
I X35697

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

#37937

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1946

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 7257

Registrar's No. 1768

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 wk (Specify whether
In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ono

(c) City or town St. Louis 23 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2333 South Twelfth Street 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME Henry E. Bond

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Jennie

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 17, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	7	4	hr. min.

9. Birthplace Craig, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name John Bond
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jennie S. Bond (wife)
(b) Address 2333 South 12th Street

17. (a) Burial (b) Date thereof 2-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director [signature]
(b) Address 2301 Lafayette Av. St. Louis, Mo.

19. (a) FEB 21 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st
year 1946 hour 9:10 minute A M.

21. I hereby certify that I attended the deceased from 2/14/46
, 19 , to 2/21/46 , 19 ;
that I last saw him alive on 2/21/46 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Infarction of Heart	
Due to Coronary Artery Thrombosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Same	

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

23. Signature K. R. Schlademan M.D.
Address 1515 Lafayette Ave., (M. D. or other) 2/21/46
Date signed

(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.....

Licensed Embalmer No. 3850

P. O. Address 2317 Lafayette Ave

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.