

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF VITAL RECORDS
FILED JUL 1 1946
STANDARD CERTIFICATE OF DEATH

State File No. **21310**
Registrar's No. **1337**

Registration District No. **317** Primary Registration District No. **3068**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(c) Name of hospital or institution:
2834 Bartold Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 2834 Bartold
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert G. Bondurant
3. (b) If veteran, name war _____ **3. (c) Social Security No.** None

4. Sex M **5. Color or race** W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hattie **6. (c) Age of husband or wife if alive** 80 years
7. Birth date of deceased June 24 1856
(Month) (Day) (Year)

8. AGE: Years 90 Months 11 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace Dresden, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name James Bondurant
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Taylor
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Rebecca Calhoon
(b) Address 2834 Bartold

17. (a) removal (Burial, cremation, or removal) **(b) Date thereof** June 19, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Chaffee, Missouri

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) 6-22-46 (Date received local registrar) **(b) E. P. Mc Dermott** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18 year 1946 hour 6 minute 45 P. M.
21. I hereby certify that I attended the deceased from 27 Dec 1945 19____ to 10 June 1946 19____
that I last saw him alive on 10 June 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
93-d
Due to Chr. myocarditis 10 yrs
Due to Chr. Hypertension 10 yrs
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 _____
Signature Richard H. Ray (M. D. or other) MD
Address 5730 South St **Date signed** 19 June 46

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

6
35

20173

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 3454
J. Robert Sidman, Registered Apprentice No. 400
working under my personal supervision.

Signed Edward C. Tibbore
Licensed Embalmer No. 3454
P. O. Address 7456 Manchester

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.