

FILED JUL 26 1946

Registration District No. **318** Primary Registration District No. **1003**

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

23913

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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Hosp 6-7-46**
 7-20-46 (Specify whether years, months or days)

In this community _____ years, months or days

3. (a) PRINT FULL NAME **John W. Bounds**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **Unknown**

4. Sex **Male 0** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Birdie Bounds**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **June 27 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	0	23	hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant: **Mrs. E. Bounds 4**

(b) Address: **1422 Menard St.**

17. (a) **Burial** (b) Date thereof **7-23-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fredericktown, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address: **4700 Washington Blvd.**

19. (a) **JUL 22 1946** **J. F. Breneck**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

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

(d) Street No. **1422 Menard St.**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20**
year **1946** hour **10:15 PM** minute **15** M.

21. I hereby certify that I attended the deceased from **6-7** 19**46**, to **6-20** 19**46**
that I last saw him alive on **6-20** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**
Pyelonephritis
Renalizing Cystitis

Duration **3 days**

Due to _____

Due to **Prostatic Hypertrophy**

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

Major findings:
Of operations: _____

Of autopsy: **137**

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 **E. H. Cason, M.D.** (M.D. or other)
Address **1515 Lafayette Ave** Date signed **7-21-46**

OCT 15 1946

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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

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, fact should be so stated above.