

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

31371/

FILED SEP 30 1946

State File No. 1

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2000

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 9-2-46
(Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 200
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4426a St. Louis Ave.,
(If rural, give location) 17
(e) Citizen of foreign country? No (Yes or No) 9
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23, 1946
year 1946 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from
Sept. 2, 1946 to September 23, 1946;
that I last saw him alive on September 23, 1946;
and that death occurred on the date and hour stated above.
Immediate cause of death PULMONARY EMBOLISM Duration UNK.

3. (a) PRINT FULL NAME BOND, Jack N.

3. (b) If veteran, name war World II 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Mildred Bond 6. (c) Age of husband or wife if alive years

7. Birth date of deceased. Nov. 28, 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 9 5 hr. min.

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

10. Usual occupation Machinist

11. Industry or business

12. Name Maurice Bond,

13. Birthplace Mt. Vernon, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Ada Chartrau

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

16. (a) Informant Registrar, Vet. Adm. Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof. 9-26-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton Mo

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address St. Louis, Missouri

19. (a) 9-26-46 (b) Paul J. Allen
(Date received local registrar) (Registrar's signature)

Due to 1112

Due to

Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings:
Of operations NO OPERATIONS

Of autopsy AUTOPSY PERFORMED
(See Cause of Death)

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?

While at work? F. C. Stilwell (Specify type of place) means of injury 0

23. Signature F. C. Stilwell, M.D. (M. D. or other)

Address Vet. Adm. Hosp., Jeff. Bks., Mo Date signed 9-24-46

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

MOTHER FATHER

OCT 17 1946

OCT 30 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 *Howard R Pauland*

Licensed Embalmer No. *3114*

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.