

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

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FILED JUN 23 1951  
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Reg.# 93814

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21652**  
Registrar's No. **2316**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>2316</b>	
<b>I. PLACE OF DEATH</b> a. COUNTY <b>ST. LOUIS</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF BRKS MO</b> c. LENGTH OF STAY (in this place) <b>23</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETS ADMIN HOSPITAL</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> d. STREET ADDRESS (If rural, give location) <b>17 FAIRMONT HOTEL</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>ALFRED</b> b. (Middle) <b>G.</b> c. (Last) <b>BONDI</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>5-31-51</b>		<b>5. SEX</b> <b>M</b>		<b>6. COLOR OR RACE</b> <b>W</b>
<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>NEVER MARRIED</b>		<b>8. DATE OF BIRTH</b> <b>2-22-09</b>		<b>9. AGE</b> (In years last birthday) <b>42</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS: Hours _____ Mins. _____		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Dancing Teacher</b>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> -----		<b>11. BIRTHPLACE</b> (State or foreign country) <b>New York, N.Y.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		<b>13a. FATHER'S NAME</b> <b>Peter Bondi</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Marie DeCroupet</b>		<b>14. NAME OF HUSBAND OR WIFE</b> -----		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>WWII</b>		<b>16. SOCIAL SECURITY NO.</b> <b>087-09-7415</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>VA HOSPITAL RECORDS, JEFF. BKS. MO.</b>		<b>17. ADDRESS</b> <b>VA HOSPITAL RECORDS, JEFF. BKS. MO.</b>		<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>IA ENNEC'S CIRRHOSIS</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>JEFF. BRKS. MO. MISSOURI MO.</b>		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> _____		<b>22. I hereby certify that I attended the deceased from</b> <b>5-8-</b> <b>19 51</b> , to <b>5-31</b> , <b>19 51</b> , <del>and that death occurred at</del> <b>4:50A</b> <del>and that death occurred at</del> <b>4:50A</b> <del>m., from the causes and on the date stated above.</del>		<b>23a. SIGNATURE</b> <i>[Signature]</i>		<b>23b. ADDRESS</b> <b>MD VAHOSPITAL JEFF BKS MO</b>	
<b>23c. DATE SIGNED</b> _____		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>June 4, 1951</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>NAT'L CEMETERY</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>JEFF. BRKS. MO.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>[Signature]</i>		<b>25. ADDRESS</b> <b>KRIEGSHAUSER, St. Louis, Mo.</b>		<b>DATE REC'D BY LOCAL REG.</b> <b>6/1/51</b>	

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Richard H. Stovesand*

Licensed Embalmer No. *4007*

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.