

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **37035**
Registrar's No. **98902**

FILED OCT 23 1953

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 37035		Registrar's No. 98902			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY RANDOLPH							
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. LENGTH OF STAY (in this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) CHESTER		8120					
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL				d. STREET ADDRESS (If rural, give location) 1309 KNOTT ST. 8							
3. NAME OF DECEASED (Type or Print) a. (First) LELAND			b. (Middle) JAMES			c. (Last) BOND			4. DATE OF DEATH (Month) (Day) (Year) Oct 15 1953		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED INFANT (Specify)		8. DATE OF BIRTH SEPT. 16, 1953		9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months — Days 29 Hours — Min. —			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT			10b. KIND OF BUSINESS OR INDUSTRY INFANT			11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME MARK TEEL BOND			13b. MOTHER'S MAIDEN NAME MARY E. BORGMEYER			14. NAME OF HUSBAND OR WIFE NONE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mark T. Bond			ADDRESS CHESTER, ILL.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dehydration - Peritonitis					3 days		
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Urinitis + Dehydration							
				DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atelectasis + Pneumonia					birth		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) _____		21d. (COUNTY) _____		21e. (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 7640						
22. I hereby certify that I attended the deceased from Sept 19, 1953 , to Sept 16, 1953 , that I last saw the deceased alive on 10-15-53 , 19____, and that death occurred at 3:54 a.m., from the causes and on the date stated above.											
23a. SIGNATURE B. H. Lohan (Degree or title) M.D.				23b. ADDRESS 15 N. Brentwood Clayton				23c. DATE SIGNED 10-16-53			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) _____		24b. DATE OCT. 16, 1953		24c. NAME OF CEMETERY OR CREMATORY ST. MARY OF HELP			24d. LOCATION (City, town, or county) (State) CHESTER, ILL.				
DATE REC'D BY LOCAL REG. OCT 16 1953		REGISTRAR'S SIGNATURE J. Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE Walter E. Schroeder				ADDRESS CHESTER, ILL.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Barry E Schroeder*

Licensed Embalmer No. 1751

P. O. Address Chester Ill

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.