

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

5941

State File No.

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1157**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 9 yrs.	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary			6 STREET ADDRESS (If rural, give location) 4855 St. Louis Ave. 2067		
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Bond			4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1954		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 12, 1897	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 7 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher	10b. KIND OF BUSINESS OR INDUSTRY Packing House	11. BIRTHPLACE (City and State or Foreign Country) Brownsville, Tenn.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Will Bond		13b. MOTHER'S MAIDEN NAME Fannie Hill		14. NAME OF HUSBAND OR WIFE Mrs. Fannie Bond	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 414-22-8173	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fannie Bond ADDRESS 4855 St. Louis Ave.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Postoperative Intestinal Obstruction				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				
19a. DATE OF OPERATION 2/1/54		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (COUNTY) (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? 551X		
22. I hereby certify that I attended the deceased from 1-27, 1954 , to 2-3, 1954 , that I last saw the deceased alive on 2-3, 1954 , and that death occurred at 11 a m., from the causes and on the date stated above.					
SIGNATURE (Degree or title) William S. Siebler M.D.			23b. ADDRESS 4503 a Page Blvd		23c. DATE SIGNED 2-5-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 5, 1954	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Brownsville, Tennessee		
DATE REC'D BY LOCAL REG. FEB 5 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25 FUNERAL DIRECTOR'S SIGNATURE O. J. Nash ADDRESS 3847 Page		

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.....
Signature of Student Embalmer

Signed *C. J. Nash*

Licensed Embalmer No. *24*
P. O. Address *3847 P.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.