

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034015  
STATE FILE NUMBER

FILED OCT 9 1958

Registration District No. ....

318

Primary Registration District No. ....

1003

Registrar's No. 8253

300  
-57

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 01/ Masonic Home of Mo. to 8-24-58		d. STREET ADDRESS (If outside, give location) 5351 Delmar Blvd.	
3. NAME OF DECEASED (Type or print) First Middle Last Frieda Bond		4. DATE OF DEATH Month Day Year 8 24 58	
5. SEX F / W	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 7, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Richview, Illinois / USA
13a. FATHER'S NAME William Reno		13b. MOTHER'S MAIDEN NAME Pate	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. none	
17. INFORMANT Masonic Home of Mo.-5351 Delmar Blvd.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1-56 to 8-24-58 and last seen her alive on 8-24-58 Death occurred at 11:40 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harold E. Walters (Degree or title)		22b. ADDRESS 3720 Washington St. Louis, Mo.	22c. DATE SIGNED 8-25-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-27-58	23c. NAME OF CEMETERY OR CREMATORY Richview Cemetery	23d. LOCATION (City, town, or county) (State) Richview, Illinois
24. FUNERAL DIRECTOR Harry A. Kraeger 222 Crandon Drive		25. DATE RECD. BY LOCAL REG. 8-25-58	26. REGISTRAR'S SIGNATURE J. Carl Smith Mo. G.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Henry H. Nelson*

Licensed Embalmer No. *11193*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.