Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014718
STATE FILE NUMBER

XC- 905741
SL- 2968

FILED MAY 11 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 4076

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VET. ADM. HOSPITAL — Length of stay in 1b: 1 HR. 25MIN

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: ~~ST LOUIS~~
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4057 MC PHERSON — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: THOMAS — Middle: R — Last: BOND

4. DATE OF DEATH: Month: 4 — Day: 26 — Year: 59

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 3-20-1891

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): CENTRALIA ILLINOIS

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: THOMAS BOND

13b. MOTHER'S MAIDEN NAME: EMMA ANDREWS

14. NAME OF HUSBAND OR WIFE: AMANDA BOND WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES — (If yes, give war or dates of service): WW-1

16. SOCIAL SECURITY NO.: 497-07-3016

17. INFORMANT: VA HOSP RECORDS — Address: 915 N GRAND ST LOUIS MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) RUPTURED OF ANEURYSM OF LEFT COMMON ILIAC ARTERY — INTERVAL BETWEEN ONSET AND DEATH: 3-4-HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b)
DUE TO (c) 452x

O.K. Joseph Fuchs 5/13/59

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 [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

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/VA attended the deceased from 4-26-59, to 4-26-59 and last saw him/her alive on 4-26-59
Death occurred at 1:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): MARTIN LEITNER M.D.

22b. ADDRESS: VAH, 915 N GRAND, ST LOUIS, MO.

22c. DATE SIGNED: 4-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: April 29, 1959

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnelly — **ADDRESS**: 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: APR 27 '59

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 4699

P. O. Address 2840 [illegible]

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.