

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**36923**

**1. PLACE OF DEATH**

County Jackson Registration District No. 349  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. Research Hospital)

File No. 2726  
 Registered No. 8829  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Emil J. Bondy

(a) Residence. No. 322 E-40th St. 7 Ward.

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF Bertha Bondy  
 (OR) WIFE OF \_\_\_\_\_

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) May 11, 1874

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>53</u>	<u>7</u>	<u>4</u>	

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Credit Adjuster  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE** (CITY OR TOWN) Prague  
 (STATE OR COUNTRY) Czechoslovakia

**10. NAME OF FATHER** Unknown

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Unknown

**12. MAIDEN NAME OF MOTHER** Unknown

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Unknown

**14. INFORMANT** Mrs. Bertha Bondy  
 (Address) 322 East 40th St

**15. FILED** 12/16, 1927 M. M. Crowe  
 asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Dec - 15 1927

**17. I HEREBY CERTIFY**, That I attended deceased from \_\_\_\_\_  
Nov 20, 1927, to 12/15, 1927  
 that I last saw him alive on 12/13, 1927, and that death occurred, on the date stated above, at 8:30 a.m.

**THE CAUSE OF DEATH** WAS AS FOLLOWS:  
acute Vegetative Endocarditis  
Strep. faecalis Non-hemolytic  
 (duration) yrs. mos. ds. 13

**CONTRIBUTORY** Mitral stenosis (chronic)  
 (SECONDARY)  
Strep. faecalis (duration) yrs. mos. ds. 21

**18. WHERE WAS DISEASE CONTRACTED** \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** \_\_\_\_\_ DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?** yes

**WHAT TEST CONFIRMED DIAGNOSIS?** Schickels + autopsy  
 (Signed) J. O. Chambers, M. D.  
12/16, 1927 (Address) 800 Pilsbury Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Forest Hill **DATE OF BURIAL** Dec. 17 1927

**20. UNDERTAKER** Wm. W. Womack's Sons **ADDRESS** K. E. Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDS OF DEATHS IN MISSOURI

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