

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

Do not use this space.

15500

1. PLACE OF DEATH

County St. Louis
Township Central
City Webster Groves (No. 752 New Port Ave)

Registration District No. 788
Primary Registration District No. 1471

File No. 46
Registered No. 46
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Woodbine + Porter St. _____ Ward _____
(Usual place of abode) Kirkwood mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR, OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian E. Pond.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18 - 1877

7. AGE YEARS 53 MONTHS 8 DAYS 12 If LESS than day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Carpenter 29
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

10. NAME OF FATHER Charles Pond

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Fattie E. Gordon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio (STATE OR COUNTRY)

14. INFORMANT Lillian E. Pond. (Address) Woodbine + Porter Ave Kirkwood mo.

15. FILED 5/1 19 31 R. G. W. Welton REGISTRAR G. LaRock

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 5 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Hemorrhage due to ruptured aneurysm of aorta. (duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 76 7038 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St. Louis 50 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) John O'Connell M. D.
5/1 19 31 (Address) corner of St. Louis Ave

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL National Cemetery DATE OF BURIAL May 2 1931

20. UNDERTAKER Jefferson ADDRESS Louis H. Bopp Kirkwood mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 27 1931

44