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 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.

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
 (a) County St. Louis 3
 (b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Immaculate Heart, 7626 Nat. Bridge Road
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Years
(Specify whether)
 In this community 81 Years
years, months or days

3. (a) PRINT FULL NAME Mary Bond, 530
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Max Bond 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Unknown, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>Unknown</u>		hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____
 MOTHER FATHER {
 12. Name John O'Donnell 5
 13. Birthplace Ireland 7
(City, town, or county) (State or foreign country)
 14. Maiden name Don't Know
 15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Richard P. Mielley
 (b) Address 207 So Hanley Road

17. (a) Burial (b) Date thereof 9-19-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd

19. (a) SEP 18 1939 (b) R. M. McLean
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis 1
 (c) City or town Normandy
(If outside city or town limits, write "RURAL")
 (d) Street No. 7626 Natural Bridge Road
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 17th
 year 1939 hour 7:00 minute 45 A.M.
 21. I hereby certify that I attended the deceased from 5/23
 _____, 1939, to 9/17, 1939;
 that I last saw her alive on 9/17/39, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death See reverse side.
 Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92a

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
 (e) Means of injury _____

23. Signature Dr. Luke St. ... (M. D. or other)
 Address 3718 Jennings St. Date signed 9/17/39

Cause of death:

Cerebral apoplexy, left side.
Hemiplegia complete right side- second stroke
Chr. Myocarditis.
Chr. Endocarditis.
Chr. and generalized arteriosclerosis.
Senile retinal atrophy- Totally blind.
Senile dementia.
Old fracture, neck of right femur. History,
caused by falling out of bed.

Durat
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4 m
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Secondary:

Generalized anasarca.
Uremia.
Uremic coma.
Pulmonary congestion.
Confined in the Immaculate Heart Home, 7626 Nat'l Bridge
Road, St. Louis County, Mo.

3 m
"
"
"

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Alfred J. Boedeker

Licensed Embalmer No.

2663

P. O. Address

4204 Baine

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 this body is not embalmed, above space should be left blank.