DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19916

Registration District No. 794 — Primary Registration District No. 1003 — Registrar's No. 4864

1. PLACE OF DEATH:

(a) County: 1

(b) City or town: St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ONE WEEK. (Specify whether

In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

(c) City or town: St Louis (If outside city or town limits, write "RURAL") 21

(d) Street No.: 2935 Payton (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: RAYMOND BONDS 592

3. (b) If veteran, name war: WORLD WAR 5

(c) Social Security No.: 499-01-6276

4. Sex: MALE

5. Color or race: Col.

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: ANABELLE BONDS

6. (c) Age of husband or wife if alive: 34 years

7. Birth date of deceased: August (Month) 5 (Day) 1902 (Year)

8. AGE: Years 37 Months 9 Days 25 If less than one day hr. min.

9. Birthplace: LEBANON (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: LABOR

11. Industry or business: W.P.A.

FATHER

12. Name: WILLIAM BONDS

13. Birthplace: MISSOURI (City, town, or country) (State or foreign country)

MOTHER

14. Maiden name: ANNIE MURPHY

15. Birthplace: LEBANON (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant's own signature: Annie Nurse

(b) Address: 812 So. 18 st

17. (a) Burial, cremation, or removal: BURIAL (b) Date thereof: 6-5-40 (Month) (Day) (Year)

(c) Place: burial or cremation: NATIONAL CEMETERY

18. (a) Signature of funeral director: C.W. Roberts

(b) Address: 3035 Lucas ave

19. (a) Date received local registrar: JUN 3 1940 (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1940 hour 10 minute 05 A. M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Pertonitis (Peritonitis) from intestinal hemorrhage and post operative drainage whether birth result of an accident of a car in which he was riding and driven by one Percy Wright colliding with a car driven by Ryland Bruce on Natural Bridge Road near Kingshighway Road about 2:30 May 24 1940 or as result of other causes could not be determined

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation

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): Open Verdict

(b) Date of occurrence: May 24 1940

(c) Where did injury occur? St Louis County (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury: Auto

23. Signature: Joseph [illegible] (M. D. or coroner)

Address: Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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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 Me Chas. Garnie, Registered Apprentice No. 2349, working under my personal supervision.

Signed Chas. Garnie

Licensed Embalmer No. 2349

P. O. Address

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.