

S. No. 2
FORM 2-43
REV. 5-1-39
I 33267

11907

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 28 1943

1003

Registration District No. 218

Primary Registration District No. _____

Registrar's No. 3599

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
6238 Columbia Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 6238 Columbia Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillie Sarah Bondurant

3. (b) If veteran, name was None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
year 1943 hour 8:50 minute P.M. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Late Collins P. Bondurant

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

7. Birth date of deceased: Jan. 25th 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from apr 5
1943 to apr 16 1943
that I last saw her alive on apr 16 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>2</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death: ACUTE CARDIAC DECOMPENSATION Duration 1 day

9. Birthplace Covington Ky.
(City, town, or county) (State or foreign country)

Due to CHRONIC MYOCARDITIS 2 yrs.

10. Usual occupation Housewife

Due to _____

Other conditions: HYPERTENSION 2 yrs.
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Robert B. Heuchan

13. Birthplace Richmond Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Arnold
(City, town, or county) (State or foreign country)

15. Birthplace Ind.
(City, town, or county) (State or foreign country)

Major findings: 93

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Ben Bondurant

(b) Address 6238 Columbia Ave.

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? _____

17. (a) Burial (b) Date thereof 4-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Commerce Mo.

While at work? _____ (Specify type of place)

(a) Means of injury _____

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 17 1943 (Date received local registrar)

J. T. Prudek (Registrar's signature)

23. Signature J. T. Prudek (M. D. or other) md

Address 5730 Southwest Ave. Date signed 4-17-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

APR 30 1945

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

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, fact should be so stated above.