

FILED NOV 10 1944

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9312

1. PLACE OF DEATH:

(a) County St. Louis

(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 hrs.
(Specify whether years, months or days)

In this community one Year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 2312 Washington Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Dudley Bondman

3. (b) If veteran, name war none

3. (c) Social Security No. 426-14-4512

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1944 hour 8 minute 00 P. 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.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Irene Bandman

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Aug. 26, 1896
(Month) (Day) (Year)

Immediate cause of death Acute dilatation stomach
chronic gastritis

Due to _____

Due to _____

Other conditions 11/8/3
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>2</u>	<u>0</u>	hr. _____ min.

9. Birthplace Clumbia Miss. U
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business _____

12. Name Vann Bandman

13. Birthplace ? Miss. U
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Irene Bandman

(b) Address 2312 Washington Ave.

17. (a) Burial (b) Date thereof Nov. 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole Street

19. (a) NOV 2 1944 J. F. Bredbeck
(Date licensed) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 3

23. Signature Thomas F. Callahan (M. D. or other) _____
Address Deputy Coroner Date 11-2-44

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

1652

000
17
219

MOTHER FATHER

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..... *Dudley Bondson*

Licensed Embalmer No..... *3489*

P. O. Address..... *45-75 Aldine*

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.