

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 9 1948
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** Registrar's No.

1. PLACE OF DEATH: **318**
(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: **Announced dead at City Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **000**
(c) City or town **ST. LOUIS** **22**
(If outside city or town limits, write "RURAL") **11**
(d) Street No. **2619 PARK AV.**
(If rural, give location) **4**
(e) Citizen of foreign country? (Yes or No) **1**
If yes, name country.....

3. (a) PRINT FULL NAME **PERCY M. ROND**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **27**
year **1946** hour **8** minute **25** 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 **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

Immediate cause of death.....
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death).....
Major findings:
Of operations.....
Of autopsy.....

7. Birth date of deceased **OCTOBER 26 1885**
(Month) (Day) (Year)
8. AGE: Years **60** Months **9** Days **25** If less than one day..... hr. min.
9. Birthplace **ST. LOUIS MO. (1)**
(City, town, or county) (State or foreign country)

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**

10. Usual occupation **NIL**
11. Industry or business.....
12. Name **MARTIN ROND**
13. Birthplace **ST. MARYS MO. (1)**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY BARBARA WOLF**
15. Birthplace **ST. LOUIS MO. (1)**
(City, town, or county) (State or foreign country)
16. (a) Informant **Andrew J. Rond**
(b) Address **3514 Edmuhdson Rd.**
17. (a) **BURIAL** (b) Date thereof **Aug 22-46**
(Burial, cremation or other) (Month) (Day) (Year)
(c) Place: burial or cremation **ST. MARYS MO.**
18. (a) Signature of funeral director **E. J. Schnur**
(b) Address **3125 LA FAYETTE AV.**
19. (a) **AUG 21 1948** **J. F. Bredeck**
(Date recorded) (Registrar) (Registrar's signature)

23. Signature **Patrick E. Pylon** (M. D. or other) **3**
Address **Deputy Coroner** Date signed **8-21-46**

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

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

Joe B. Volkmann

Licensed Embalmer No.

4014

P. O. Address

St. Louis 4 Mo

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.