

**FILED DEC 2 1948**  
Registration District No. **318**

Primary Registration District No. **1003**

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

**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: St. John's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Mary E. Bond

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

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

7. Birth date of deceased December 8 1861  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>84</u>	<u>11</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace St. Marys Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name George Bond

13. Birthplace Perry County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Bogy

15. Birthplace Old Mines Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.P. Boverie

(b) Address Ste. Genevieve, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 11-20-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 18 1948 (Date received local registrar)

(b) J. F. Bradeck (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Ste. Genevieve **95**

(c) City or town Ste. Genevieve  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Nov. day 17  
year 1946 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from 9-26-46  
19\_\_\_\_ to 11-17 1946  
that I last saw her alive on 11-17 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Serious cardiac failure

Due to Fractured hip in fall at home **9-26-46**

Due to \_\_\_\_\_

Other conditions Dr. Philip K.E. Taylor Deputy Coroner  
(Include pregnancy within 3 months of death)

**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) Fractured hip

(b) Date of occurrence Sept 26 - 46

(c) Where did injury occur? at Home at Louis Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
See above

While at work? No (Specify type of place)

(e) Means of injury fall

23. Signature J.P. Murphy M.D. (M.D. or other)

Address 634 N. Skunk Date signed 11-17-46

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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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.