No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20676

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6059

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township) Route Homer Pkwy
(c) Name of hospital or institution ----- 3103a Lawton (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---- (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3103a Lawton (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Richard Bond (Barnes)
3. (b) If veteran, name war No
3. (c) Social Security No. 43-

4. Sex Male
5. Color or race Col.
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 June (Month) 2 (Day) 1904 (Year)

8. AGE: Years 44 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Jackson, (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Eureka Mills
FATHER
12. Name Richard Bond
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Roxanna Walker
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Amiens Bond
(b) Address 1717 Gay
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill.
18. (a) Signature of funeral director C. T. Nash
(b) Address 3847 Page Blvd.
19. (a) JUL 8 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1948 hour 5 minute 30 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.

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

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Fred Perry (M. D. or other)
Address Apt. Corner 2 Date signed 7/8/48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 O. J. Moak

Licensed Embalmer No. 5452

P. O. Address 5847 Page

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.