

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1662

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home. 4
(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)

3. (a) PRINT FULL NAME Cora M. Bond
3. (b) If veteran, No **name war**
3. (c) Social Security No. None

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George Bond
6. (c) Age of husband or wife if alive 1864 years
7. Birth date of deceased December 7 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 25
If less than one day hr. min.

9. Birthplace St. Mary's Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Jules Rozier
13. Birthplace Ste. Genevieve Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emily Pratte
15. Birthplace Ste. Genevieve Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. J. Conningrod
(b) Address Crystal City, Mo.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 7-5-48
(Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's, Mo.

18. (a) Signature of funeral director H. S. Vinyard
(b) Address Pastus, Mo.

19. (a) 7-5-48 (Date received local registrar) **(b) Cecil G. Shanko** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town Crystal City
(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 July day 3
year 1948 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from Feb 3
1948, to July 3, 1948
that I last saw her alive on July 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Heil arteriosclerosis
Due to 93d

Due to
Due to

Other conditions (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)
(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 0
23. Signature Ch. Denny (M. D. or other) and
Address Creole Cour, Mo. **Date signed** 7-5-48

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

William S. Kopp
.....
2971

..... Licensed Embalmer No.....

..... 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.