

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948 318
Registration District No. _____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 27531
7162
Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
4405 W. Pine Blvd.
(If not in hospital or institution; write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4405 West Pine Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rufus Jerry Bond

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Beatrice Ruff Bond 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Aug. 28th., 1911
(Month) (Day) (Year)

8. AGE: Years 36 Months 11 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Mt. Vernon, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Medical Doctor

11. Industry or business _____

12. Name Neal K. Bond
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Morse
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beatrice Ruff Bond
(b) Address 4405 West Pine Blvd.

17. (a) Removal (b) Date thereof 8-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Vernon, Ill.

18. (a) Signature of funeral director Edward J. Lounelly
(b) Address 3840 Lindell Blvd.

19. (a) AUG 15 1948 (b) J. J. Brodeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1948 hour 6 minute 1 M.

21. I hereby certify that I attended the deceased from 1942 or 1943
_____, 19____, to _____, 19____;

that I last saw him alive on approximately 1 month ago.
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus, acute Duration 1 day

Due to _____

Due to _____

Other conditions As above
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy As above

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 _____

23. Signature Edward Masur (M. D. or other) 8/15/48
Address 602 W. Grand Ave. Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *W H VanMatre*

..... Licensed Embalmer No. *2825*

..... P. O. Address *4340 Lafayette*

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.