SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043098
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3233

FILED NOV 30 1961

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Length of stay in 1b D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp. — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE No. b. COUNTY St. Louis
c. CITY OR TOWN Maryland Heights — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 307 Mikel — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Robert — Middle Shannon — Last Bond
4. DATE OF DEATH: Month Nov. — Day 13 — Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-18-1882
9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Shawnee Town, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Sam Bond
13b. MOTHER'S MAIDEN NAME: Martha Thomas
14. NAME OF HUSBAND OR WIFE: Maude Bond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Maude Bond, 307 Mikel — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

*21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 10:39 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Raymond Kaiser (Degree or title) Coroner
22b. ADDRESS Clayton, Mo.
22c. DATE SIGNED 11/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-16-61
23c. NAME OF CEMETERY OR CREMATORY FeeFee Cemetery
23d. LOCATION (City, town, or county) (State) St Louis Co. Mo

24. FUNERAL DIRECTOR Earl Hilleman — ADDRESS Overland 14, Mo.
25. DATE RECD. BY LOCAL REG. 11-15-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — ITEM NO. — SHOULD READ — BY AFFIDAVIT OF

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Earl S. Hellema

Signature of Student Embalmer

Licensed Embalmer No. 3801

P. O. Address Oneland S

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.