

JAN 12 1940
Registration District No. 701

Primary Registration District No. _____

1. PLACE OF DEATH: 1000
(a) County _____
(b) City or town St Louis
(c) Name of hospital or institution: Homer G Phillips Hospital
(d) Length of stay: 3 days
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St Louis
(d) Street No. 11 ~~Johnson~~ Street
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Clint Bardwell
8. (b) If veteran, name war _____ 8. (c) Social Security No. 1 3 4
4. Sex male 5. Color or race negro 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 Oct 14, 1886

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 16 year 1939 hour 3:35 minute 35 A. M.
21. I hereby certify that I attended the deceased from December 14, 1939, to December 16, 1939, that I last saw him alive on December 16, 1939, and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 2 Days 5 If less than one day _____ hr. _____ min.
9. Birthplace Unknown Missouri
10. Usual occupation unemployed
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

Immediate cause of death Aneurysm of Aorta ?? Duration 3 or 4 yrs
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant's own signature Tom Kime
(b) Address 2149 Walnut, 11
17. (a) Burial (b) Date thereof Dec 27, 1939
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director English Vnd. Co
(b) Address 2931 Lucas Ave
19. DEC 22 1939 (b) J. J. Brackbeek

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature H. J. Lyman (M. D. or other) _____
Address 2600 N. Whitflier Date signed _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

1

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address. 3644 Firmin

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, above space should be left blank.