

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. **7576**

REG. SEP 26 1942 318  
 Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Homer Phillips Hospital 0**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 mo., 8 days**  
(Specify whether years, months or days)  
 In this community **3 years**

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")  
 (d) Street No. **4051 Page**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME **Walter Bardley**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **September** day **5,**  
 year **1942** hour **9** minute **40 P.** M.  
 21. I hereby certify that I attended the deceased from **July 28,** 19**42** to **September 5,** 19**42**  
 that I last saw him alive on **September 5,** 19**42**  
 and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color of race **COL** 6. (a) Single, widowed, married, divorced **MARRIED**  
 6. (b) Name of husband or wife **GEORGIE BARDLEY** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased (Month) **12** (Day) **25** (Year) **1892**

Immediate cause of death:  
**Lobar Pneumonia**  
**Prostate-Chr. Inflammation** } Autopsy **Unknown**  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

8. AGE: Years **49** Months **8** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Macon Miss.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Labourer**

11. Industry or business \_\_\_\_\_

12. Name **Walter Bardley**

13. Birthplace **Macon Miss.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Maconda Sims**

15. Birthplace **Macon Miss.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Georgie Bardley**

(b) Address **4051 Page Ave**

17. (a) **Burial** (b) Date thereof **9 12 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem**

18. (a) Signature of funeral director **Walter**  
 (b) Address **2707 Scudder St**

19. (a) **SEP 11 1942** (b) **J. F. Braddock**  
(Date received local registrar) (Registrar's signature)

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 **J. E. Smith** (M. D. or other) \_\_\_\_\_  
 Address **5601 Whittier** Date signed **9/9/42**

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

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649<sup>e</sup> Delmar

**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.**