

Registration District No. 318

Primary Registration/District No. 2

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 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. 5456 A LISETTE AV.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SHIRLEY J. BARD.

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MADISON BARD. 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased MAY 30 1878 (Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days - If less than one day hr. min.

9. Birthplace CHEBANSE ILLINOIS (City, town, or county) (State or foreign country)

10. Usual occupation WATCHMAN

11. Industry or business

12. Name JEROME BARD.
13. Birthplace MAINE
14. Maiden name MARY E ROBINSON
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Madison Bard
(b) Address 5456 A LISETTE AV
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof DEC 3 43 (Month) (Day) (Year)
(c) Place: burial or cremation SEDALIA, MO.

18. (a) Signature of funeral director C. J. Semur
(b) Address 3125 Lafayette Ave.
19. (a) DEC 2 1943 (b) J. J. Briscoe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 30 year 1943 hour 9:30 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Sclerosis
Atherosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy

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) (c) Means of injury
23. Signature James J. Fairman (M.D. or other) 12/1/43
Address 1806 Oak Date signed 12/1/43

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 Gas. B. Walker
Licensed Embalmer No. 4074
P. O. Address St. Louis, Mo.

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.