

MAILED SEP 25 1952
REG # 104,587

STANDARD CERTIFICATE OF DEATH

State File No. _____

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2351

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place) 8 DAYS		d. STREET ADDRESS (If rural, give location) 2913 MADISON	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP 20			

3. NAME OF DECEASED a. (First) KEAVER (Type or Print)		b. (Middle) (NMI)		c. (Last) BARDWELL		4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 6, 1952	
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 13 MARCH 1896	
9. AGE (In years last birthday) 56		10. UNDER 1 YEAR Months _____		11. UNDER 12 Hrs. Hours _____		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOBACCO FACTORY WORKER			10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN			11. BIRTHPLACE (City and State or Foreign Country) ATWOOD TENNESSEE	

13a. FATHER'S NAME WALLACE BARDWELL		13b. MOTHER'S MAIDEN NAME DENNA		14. NAME OF HUSBAND OR WIFE MATTIE BARDWELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES MW-1		16. SOCIAL SECURITY NO. 489 09 6278		17. INFORMANT'S SIGNATURE OR NAME VA HSPITAL RECORDS, JEFFERSON BRKS, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GASTROINTESTINAL HEMORRHAGE				INTERVAL BETWEEN ONSET AND DEATH 7 DAYS	
		ANTECEDENT CAUSES ESOPHAGEAL VARICOSITIES					
		DUE TO (b) _____					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) HEPATOMA				UNKNOWN	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1561					

19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			

22. I hereby certify that I attended the deceased from AUGUST 29, 1952, to SEPTEMBER 6, 1952, that death occurred at 12:35P m., from the causes and on the date stated above.

23a. SIGNATURE J. W. Hissler (Degree or title) M.D.		23b. ADDRESS VAH, JEFFERSON BARRACKS, MO.		23c. DATE SIGNED 9-6-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-19-52		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY, JEFFERSON BARRACKS, MISSOURI	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE WADE FUNERAL HOME, 4202 FINNEY			
DATE REC'D BY LOCAL REG. 9-10-52		REGISTRAR'S SIGNATURE Herbert R. Dornke MO		ADDRESS _____	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Melvin E. Green

Licensed Embalmer No. *4478*

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.