

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5971**
Registrar's No. **1647**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. JAMES	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSPITAL 0		e. STREET ADDRESS (If rural, give location) RURAL ROUTE 0810	

3. NAME OF DECEASED (Type or Print) JAMES BARDSLEY			4. DATE OF DEATH (Month) (Day) (Year) 2-18-55					
a. (First)	b. (Middle)		c. (Last)					
5. SEX male 0	6. COLOR OR RACE white 0	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0	8. DATE OF BIRTH 9-?-1899	9. AGE (In years last birthday) 55	# UNDER 1 YEAR Months	# UNDER 1 MTH. Days	# UNDER 1 WKS. Hours	# UNDER 1 MS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) civil engineer		10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO. 0		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME EDWARD BARDSLEY		13b. MOTHER'S MAIDEN NAME ESABELLA GREIG		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME HOSP. RECORDS, DE PAUL HOSP.		ADDRESS	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Peritonitis ANTECEDENT CAUSES Devertebrilitis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
---	--	--	--	--	--	----------------------------------	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 5721	
--	--	--	--	--	--

22. I hereby certify that I attended the deceased from **2/7/1955**, to **2/18/1955**, that I last saw the deceased alive on **2/18/1955**, and that death occurred at **4:55 P.M.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Robert Ashmeck R.C.M.A.		23b. ADDRESS 508 N. Grand Ave.		23c. DATE SIGNED 2/21/55	
---	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-19-55		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) ST. JAMES, MO.	
---	--	-----------------------------	--	------------------------------------	--	--	--

DATE REC'D BY LOCAL REG. FEB 21 1955		REGISTRAR'S SIGNATURE J. Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE GAHR, ST. JAMES, 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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....

P. O. Address.....

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.