

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050142
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3916

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4000

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 ST. LOUIS OR TOWN		Length of stay in 1b 512 DAYS		c. CITY OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1444 PEABODY COURT	
3. NAME OF DECEASED (Type or print) First Middle Last LEWIS EUGENE BARDO				4. DATE OF DEATH Month Day Year DEC 21 1963			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-29-06	
9. AGE (last birthday) 57		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUARD		10b. KIND OF BUSINESS OR INDUSTRY DETECTIVE AGENCY		11. BIRTHPLACE (City and state or country) WILLIAMSPORT, PENN	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME EUGENE BARDO		13b. MOTHER'S MAIDEN NAME BETTY HOWER		14. NAME OF HUSBAND OR WIFE ROSE BARDO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-2				16. SOCIAL SECURITY NO.		17. ADDRESS ROSE BARDO, 1444 PEABODY COURT, ST. LOUIS, MO. (WIFE)	
18. CAUSE OF DEATH (Enter only one cause per line - (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEVERE BRONCHOPNEUMONIA						INTERVAL BETWEEN ONSET AND DEATH 3-10 DAYS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						491x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBRAL CORTICAL ATROPHY-GENERALIZED ARTERIOSCLEROSIS						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-26-62 to 12-21-63 Death occurred at 8:05 AM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John McLaughlin M.D.</i> (Degree or title)				22b. ADDRESS VET ADM HOSP, JEFF BRKS, 25, MO		22c. DATE SIGNED 12-21-63	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12-24-63		23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri County	
24. FUNERAL DIRECTOR McLaughlin 2301 Lafayette Ave. St. Louis, Missouri 63104 ADDRESS				25. DATE RECD. BY LOCAL REG. 12-23-63		26. REGISTRAR'S SIGNATURE <i>John McLaughlin M.D.</i>	

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

0-24

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 *Anna R. Chubb*

Licensed Embalmer No. 4550

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.