WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22810

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis Mo. (No. 1404 S. Vandeventer St. ..... Ward)

File No.....

Registered No. 6470

2. FULL NAME Matilda Bardot

(a) Residence. No. 1404 S Vandeventer St., 18 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Bardott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 23 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	2	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John C Napier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Lavina Cole

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs Jake Levy
(Address) 4817 Cupples Pl.

15. FILED Nov 15 1927, 19..... Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 - 1927

17. I HEREBY CERTIFY, That I attended deceased from July 8th 27 to July 14 1927 that I last saw ... alive on July 14 1927 and that death occurred, on the date stated above, at 7 P.M. ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

8 dy

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis (Duration) 6 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Younger D Robarke, M. D

July 15 1927 (Address) 4207 Arco Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Franklin Co. Mo. Fairview Cemetery	July 16 1927
20. UNDERTAKER	**ADDRESS**
Fred M Williams	4561 Delmar