S. No. 2
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I X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22589

AUG 14 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6579

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:
2114 Nebraska Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 223
(If outside city or town limits, write "RURAL")

(d) Street No. 2114 Nebraska Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jean Bardenheier

3. (b) If veteran, name war ********

3. (c) Social Security No. ******

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helena Bardenheier

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May 20 1865 (Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Wholesale Liquor Dealer

FATHER
12. Name Anton Bardenheier
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Susanna Hensler
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Helena Bardenheier
(b) Address 2114 Nebraska Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 5 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) AUG 4 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day August year 1942 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from 9/12/38, 1938 to Aug 2, 1942 that I last saw him alive on August 1, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia Bronchial Acute	2 days
Due to: Myocarditis Chr, Nephritis Chronic, Hy Diabetes	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	61
Major findings: Of operations	57
Of autopsy	1

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robert L Warner M.D. (M. D. or other)
Address Paul Brown Bldg St Louis Date signed Aug 3-42

(Licensed Embalmer's Statement on Reverse Side)

Dr R. B. Wasson
Paul Brunkeldg

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 Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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