S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25655

Registrar's No. 6952

00
17
9

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

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: 3930 a N. 22nd. St.
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 920
(If outside city or town limits, write "RURAL")

(d) Street No. 3930a N. 22nd. St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lena Bardle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Edward Bardle

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

7. Birth date of deceased Dec. (Month) 23rd. (Day) 1865 (Year)

8. AGE: Years 78 Months 9 Days 24 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

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

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

16. (a) Informant
(b) Address 3830a N. 22nd. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation Pinckneyville, Ill.

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) AUG 18 1942 (Date received local registrar) (b) J. F. Bridgeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17th.
year 1942 hour 10.10 minute A M.

21. I hereby certify that I attended the deceased from March, 1942 to Aug 17, 1942
that I last saw her alive on Aug 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Decease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? Means of injury

23. Signature Paul Fenstoff (M. D. or other)
Address 3919 W Kossuth Date signed 8/18/42

844

(Licensed Embalmer's Statement on Reverse Side)

P. H. Bernstorff
3919 W. Florissant
1-3

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 me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.