

No. 2
4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

815

State File No. _____

FILE

FEB 2 1943 818

1003

Registrar's No. 813

Registration District No. _____

Primary Registration District No. _____

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hr. 20 Min
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4051 Page Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Robert Tard (Twin #2)

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month 12 day 16
year 42 hour 5 minute 50 a.m.

21. I hereby certify that I attended the deceased from 4:25am
12-16- 19 42 5:50am 12-16 19 42
that I last saw him alive on 12-16 19 42
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race Negro
6. (a) Single, widowed, married, divorced 5

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased 12 16 42
(Month) (Day) (Year)

Immediate cause of death Prematurity Duration _____

8. AGE: Years _____ Months _____ Days _____
If less than one day 1 hr. 20 min.

Due to _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation _____

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name _____

Major findings: Of operations _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Elizabeth Adelaide Tard

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Kather Mary Sherard

(b) Address 2609 N. Whittier Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 28 1943
(Month) (Day) (Year) CITY CEMETERY

(c) Place: burial or cremation _____

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? _____

18. (a) Signature of medical director H. Merschman

(b) Address City Health Dept

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

19. (a) JAN 27 1943 (Date received local registrar) (b) J. F. Brubaker (Registrar's signature)

23. Signature J. F. Brubaker (M.D. or other) Address 2601 N. Whittier St. Date signed 1-25-43

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

MOTHER FATHER

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.....

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