

STANDARD CERTIFICATE OF DEATH

State File No. **3912**

FILED JAN 21 1946
Registration District No. **317**

Primary Registration District No. **3069**

Registrar's No. **35**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Stayton Richmond Hts**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(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 **020**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1231 S. 6th Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **BILLIE JEAN BARDOL**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 31, 1945**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		2	3	hr. _____ min.

9. Birthplace **Piedmont, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

MOTHER FATHER
12. Name **John Bardol**
13. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Dessie J. Dean**
15. Birthplace **Piedmont, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Bardol**
(b) Address **1231 S. 6th Street**

17. (a) **Burial** (b) Date thereof **1/5/1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Wm C. Mapple**
(b) Address **1926 Allen Avenue**

19. (a) **1-7-46** (b) **Wm C. Mapple**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **3rd**
year **1946** hour **11** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **1-2-46** 1945 to **1-3** 1946
that I last saw him alive on **1-3** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal Pneumonia**
Due to **diarrhea - stology?**
and sepsis & dehydration
Due to **1190**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **Pneumonia**
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? _____

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

23. Signature **J. P. Lintjiles** (M. D. or other) **MD**
Address **W. Maupf Hospital** Date signed **1-4-46**

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

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.