

FILED JAN 17 1948
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3444 Gasconade
(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 _____

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

(d) Street No. 3444 Gasconade
(If rural, give location)

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

3. (a) PRINT FULL NAME Bernard H. Bardol

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-10-9290

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. 13, 1886
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1st. year 1947 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from July 1945 to Jan. 15, 1947
that I last saw him alive on Jan. 1 - 1947 and that death occurred on the 1st and hour stated above.

8. AGE: Years Months Days If less than one day

60 - 19 hr. _____ min.

Immediate cause of death: Angina Pectoris
Diabetes

Due to _____

Other conditions (Include pregnancy within 3 months of death) W

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

10. Usual occupation Ret. Insurance

11. Industry or business _____

12. Name August Bardol

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

14. Maiden name Unknown

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

Major findings: _____
Of operations _____

Of autopsy _____

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

16. (a) Informant Anna Bardol

(b) Address 3444 Gasconade

17. (a) Burial (b) Date thereof Jan. 4, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

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 funeral director Schumacher Mtl Co.

(b) Address 3013 Meramec St.

19. (a) JAN 3 - 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

23. Signature [Signature] (M. D. or other) _____
Address 1504 So. Grand Date signed 1/2/47

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..... *Francis Williamson*

Licensed Embalmer No. *3565*

P. O. Address..... *St. Louis, Mo.*

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.