

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38482  
10073

State File No.

Registrar's No.

FILED DEC 1 1949

BIRTH NO. 74972-49

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 day	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Maternity		d. STREET ADDRESS (If rural, give location) RR - # 20 Airport Rd	
3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Bardon c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11/22/49
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 6 WEEKS Hours Min. 10		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nihil		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME Melvin J. Bardon	
13b. MOTHER'S MAIDEN NAME Monica E. Pitchford		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Melvin J. Bardon		ADDRESS Ferguson, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature separation of placenta		INTERVAL BETWEEN ONSET AND DEATH ?	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Normal length of life	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1589			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 77/6X			
22. I hereby certify that I attended the deceased, from 11/22, 1949, to 11/22, 1949, that I last saw the deceased alive on 11/22, 1949, and that death occurred at 10p m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) David Rotman, M.D.		23b. ADDRESS 462 N. Taylor	
23c. DATE SIGNED 11/23/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/23/49	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis County	
DATE REC'D BY LOCAL REG. NOV 23 1949		REGISTRAR'S SIGNATURE J. B. Parster	
25. FUNERAL DIRECTOR'S SIGNATURE White		ADDRESS Funeral Home, Ferguson, Mo	

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*L. G. White*

Signed.....

Student Embalmer

.....  
Licensed Embalmer No. ....

*M. C. ...*

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.