

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39679

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>4362</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give OR TOWN Jefferson Barracks, Mo.)		a. STATE Missouri		b. COUNTY St. Louis	
c. LENGTH OF STAY (in this place) 185 days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 1443 (Rear) North 10th Street			
d. FULL NAME OF HOSPITAL OR INSTITUTION Vet. Adm. Hospital				3. NAME OF DECEASED			
a. (First) Emil		b. (Middle) Clarence		c. (Last) BARD		4. DATE OF DEATH (Month) (Day) (Year) November 7, 1949	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH October 6, 1887	
9. AGE (In years last birthday) 62		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursery Helper		10b. KIND OF BUSINESS OR INDUSTRY NURSERY HELPER		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY USA				13a. FATHER'S NAME Abraham Bard			
13b. MOTHER'S MAIDEN NAME Laura Barrow				14. NAME OF HUSBAND OR WIFE ----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 48914 6474		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records, VAH, Jeff. Bks. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PHARYNX				INTERVAL BETWEEN ONSET AND DEATH Unknown	
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 148X	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from May 6, 1949 , to Nov. 7, 1949 , and that death occurred at 7:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE L.E. Stilwell (Degree or title) L.E. Stilwell, M.D. Chf. Prof. Services				23b. ADDRESS Vet. Adm. Hosp. Jeff. Bks. Mo.		23c. DATE SIGNED 11/7/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-10-1949		24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REG. Nov. 9, 1949		REGISTRAR'S SIGNATURE Herbert R. ...		25. FUNERAL DIRECTOR'S SIGNATURE J.H. Randle & Son Fu. Home, St. Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

MS. JAN 21 1960

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.

Student
Student Embalmer

Signed _____

J. J. Watson

Licensed Embalmer No. *21698*

P. O. Address *2769 Chaut*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

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