

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10140

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2980

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY.				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2179		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Pacific Hospital 1255 S. Grand Blvd.				d. STREET ADDRESS (If rural, give location) 17 2622 Michigan Ave.				
3. NAME OF DECEASED (Type or Print) Margaretta			a. (First)		b. (Middle)		c. (Last) Bardett	
4. DATE OF DEATH		Month		Day		Year		
March		28		1950				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 12, 1869		
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 12 HRS.		IF UNDER 1 MIN.		
80		5		16				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Trenton, Illinois /		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME George Gleich			13b. MOTHER'S MAIDEN NAME Annie Zahn		
14. NAME OF HUSBAND OR WIFE Henry Bardett SR.			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Henry Bardett Sr.			ADDRESS 2622 Michigan Ave.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute cholecystitis &amp; lithiasis</i>  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. <i>Beul. arteriosclerosis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>	
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)		21d. (STATE)		
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? <i>584X</i>				
22. I hereby certify that I attended the deceased from <i>26 March, 1950</i> , to <i>28 March, 1950</i> , that I last saw the deceased alive on <i>28 March, 1950</i> , and that death occurred at <i>9 a. m.</i> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>Thomas E. Burrow, M.D.</i>			23b. ADDRESS <i>Missouri Pacific Hospital</i>			23c. DATE SIGNED <i>28 March 50</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>March 31, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>MAR 29 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>John H. Gebken Soms</i>			
					ADDRESS <i>2630 Gravois Ave.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....  
Student Embalmer

Signed Robert F. Gibson

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

**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.