

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 10902  
 Registrar's No. 2063

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 Illinois b. COUNTY St. Clair			
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 E. St. Louis, 8120			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Inf.				d. STREET ADDRESS (If rural, give location) 1431 Market Ave. 8			
3. NAME OF DECEASED (Type or Print) a. (First) JEFF b. (Middle) c. (Last) O'BARD			4. DATE OF DEATH (Month) (Day) (Year) 2/27 27 1950				
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow old		8. DATE OF BIRTH 3/10/1860	
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Miss.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME LIAS O'BARD		13b. MOTHER'S MAIDEN NAME MINNIE (?)		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) Unknown		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME James O'Bard		ADDRESS 1431 Market	
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) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days 3 wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 4/15, 1950, to 2/27, 1950, that I last saw the deceased alive on 4/26, 1950, and that death occurred at 3-9 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) J. B. Lasater				23b. ADDRESS 1501 E. 8th St. St. Louis		23c. DATE SIGNED 3/1/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/16/50		24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) Dexter, Mo. Ill.	
DATE REC'D BY LOCAL REG. MAR 3 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Lasater		ADDRESS 1318 E. Broadway	

WRITE PLAINLY—USING UNFADEING 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.....

*Melvin E. Green*

Licensed Embalmer No. ....

*4428*

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.