

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39252

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 2794

64003  
4

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give town or township) Kirkwood Missouri  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ozark Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY ST. LOUIS  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood Missouri 468?  
d. STREET ADDRESS (If rural, give location) Locket & Manchester Rds

3. NAME OF DECEASED  
a. (First) William  
b. (Middle) Archie  
c. (Last) Bearden

4. DATE OF DEATH (Month) (Day) (Year)  
Nov 19 1950

5. SEX Male  
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH  
Sept 17 1874

9. AGE (In years last birthday) 76  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 1 MIN. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired

10b. KIND OF BUSINESS OR INDUSTRY  
R R

11. BIRTHPLACE (State or foreign country)  
Reynolda County Missouri

12. CITIZEN OF WHAT COUNTRY?  
U.S.

13a. FATHER'S NAME  
James D. Bearden

13b. MOTHER'S MAIDEN NAME  
Mary E Bradley

14. NAME OF HUSBAND OR WIFE  
Sarah (Deceased)

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 ADDRESS  
Edwards Bearden 1736 Missouri Av

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial infarction  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) unknown  
DUE TO (c) unknown  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
None

INTERVAL BETWEEN ONSET AND DEATH  
5-7?  
  
4222

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
4222

20. AUTOPSY?  
YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1st, 1950, to 19 Jan, 1952, that I last saw the deceased alive on 19 Nov, 1950, and that death occurred at 5:20 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
[Signature]

23b. ADDRESS  
243 W Jefferson / Richmond

23c. DATE SIGNED  
11-20-50

24a. BURIAL CREMATION REMOVAL (Specify)  
Removal

24b. DATE  
11/22/50

24c. NAME OF CEMETERY OR CREMATOR  
Masonic Cemetery

24d. LOCATION (City, town, or county) (State)  
Piedmont Missouri

DATE REC'D BY LOCAL REG.  
11/20/50

REGISTRAR'S SIGNATURE  
Herbert P. Tomke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Moydell Funeral Home 1926 Allen Av

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*[Handwritten signature]*

**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 me

working under my personal supervision.

Student Embalmer No. ....

Signed Dale A. Traumann

Signed.....  
Student Embalmer

Licensed Embalmer No. 4533

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.