

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11539
Registrar's No. 11539

No. 300
10-48

FILED JAN 16 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 2	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 2910 Norwood Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2910 Norwood Ave			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) T.	c. (Last) Bardgett	4. DATE OF DEATH (Month) (Day) (Year) 12 24 51
-------------------------------------	--------------------	----------------	--------------------	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Nov. 19 1906	9. AGE (In years last birthday) 45	10. KIND OF BUSINESS OR INDUSTRY Printer	11. BIRTHPLACE (State or foreign country) St. Louis Mo	12. CITIZEN OF WHAT COUNTRY? U. S. A.
----------	--------------------	--	-------------------------------	------------------------------------	--	--	---------------------------------------

13a. FATHER'S NAME Edward W. Bardgett	13b. MOTHER'S MAIDEN NAME Mary Rose Dillon	14. NAME OF HUSBAND OR WIFE Mrs S. Bardgett
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 303-07-9481	17. INFORMANT'S SIGNATURE OR NAME Mrs Bardgett	ADDRESS 2910 Norwood 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Lung</i>		INTERVAL BETWEEN ONSET AND DEATH
	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 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>163X</i>
--	--	---------------------------------------

22. I hereby certify that I attended the deceased from Oct 1951, to Dec 24, 1951, that I last saw the deceased alive on 12-24, 1951, and that death occurred at 11:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <i>J. F. Bengen D. M. D.</i>	23b. ADDRESS 730 Hadamant	23c. DATE SIGNED 12-26-51
---	---------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-28-51	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Mo
--	--------------------	--	--

DATE REC'D BY LOCAL REG. DEC 27 1951	REGISTRAR'S SIGNATURE <i>J. Paul Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Suklivans Fun Dir 2849 N. Euclid
--------------------------------------	---	---

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

J. H. ...
730 ...

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Robert H. ...

Licensed Embalmer No. _____

P. O. Address _____

3253
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.