

FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31874**
8384

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | 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) 2 Mo. 8 | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sister of Poor | | | | e. STREET ADDRESS (If rural, give location) 24 1807 Wyoming Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) V. c. (Last) BARDOT | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1956 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Jan. 4, 1880 | |
| 9. AGE (In years last birthday) 76 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill-wright | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Vincent Bardot | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE 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. 488-05-5750a | | 17. INFORMANT'S SIGNATURE OR NAME Elsie Stelmachowicz ADDRESS 628 Koeln 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic Heart Dis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Atherosclerosis DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH Yes Yes | |
| 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) St. Louis, Mo. | | | |
| 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 Jan , 1956, to 9/9/56 , 19____, that I last saw the deceased alive on 9/7/56 , 19____, and that death occurred at 11:00 P. M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) K. Amezera M.D. | | | | 23b. ADDRESS 539 N. Grand | | 23c. DATE SIGNED 9/11/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 24b. DATE 9/12/56 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery | | 24d. LOCATION (City, town, or county) (State) Lemay 23, Mo. | |
| DATE REC'D BY LOCAL REG. SEP 11 1956 | | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co., 7420 Michigan Ave. | | | |

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

A. R. Meyers
530 No. Grand
Mon after 3:30 P.M.

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.....
Signature of Student Embalmer

Signed *W. G. Peterson*
Licensed Embalmer No. *376*
P. O. Address *7420 Michigan*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.