

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018912  
STATE FILE NUMBER

JUN 11 1959 Registration District No. Primary Registration District No. Registrar No. 5124

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge		Length of stay in lb 15 days	d. STREET ADDRESS (If outside, give location) 3615 Utah Place
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First Albert	Middle Theodore	Last Bard	4. DATE OF DEATH	Month May	Day 26	Year 1959
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5. SEX Male	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 18, 1889	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice-Pres. Reliance Mfg. Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) New Carlisle, Ind.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Bard	13b. MOTHER'S MAIDEN NAME Christine Anderson	14. NAME OF HUSBAND OR WIFE Mrs. Elizabeth Bard
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15. WAS DECEASED EVER IN U. S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 321-07-6573	17. INFORMANT Mrs. Elizabeth Bard, 3615 Utah Place	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Post-operative embolism and</i>	<i>2 weeks</i>
	DUE TO (c) <i>atelectasis</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>451 X</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY	Hour	Month, Day, Year
	a.m. p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from *5-12-59* to *5-26-59* and last saw her alive on *10<sup>35</sup> p.m. - 5-26-59*  
Death occurred at *10<sup>37</sup> p* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Walter S. Hellman, M.D.</i>	22b. ADDRESS <i>1285 S-Grand</i>	22c. DATE SIGNED <i>5-27-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 29, 1959	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) Michigan City, Indiana
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24. FUNERAL DIRECTOR <i>Arthur J. Donnelly</i>	ADDRESS 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. MAY 28 '59	26. REGISTRAR'S SIGNATURE <i>Loam Smith, M.D.</i>
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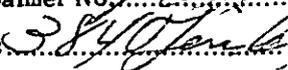
All diseases in Part I must be causally related. Specified - Operation for abdominal aortic aneurysm (ruptured). USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

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  .....  
Licensed Embalmer No. 4699 .....  
P. O. Address 2840 Park .....  


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.