

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

3
1
BUREAU OF VITAL STATISTICS791
1008
CERTIFICATE OF DEATH

12527

Do not use this space.

3131

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis, Mo. (d) Street No. # 5050 Washington St. Registered No. 3131
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- Olive B. Gard. 630
 (a) Residence, No. West Gate Hotel St. 12
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow the word) Widowed

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Gard.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75. 7. 5.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At home.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wauwaka Ind.

FATHER 13. NAME (Unknown)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Matthew N. Gard.
 (ADDRESS) # 5050 Washington.

18. BURIAL, CREMATION OR REMOVAL PLACE Mt. Lebanon Cem. DATE 4-2-38

19. FUNERAL DIRECTOR C. R. Lupton + Son
 (ADDRESS) # 4449 Olive St.

20. FILED APR 2 1938 J. F. Brubaker
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1938 to Apr 1, 1938

I last saw him alive on Mar 31, 1938. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
00
 Other contributory causes of importance:
Bronchial Asthma
 Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) C. J. Shepherd M. D.
 (Address) 711 A N. Kings Highway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1 X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

711 No. 123456789
No. # 7233

STATEMENT BY LICENSED EMBALMER

I, J. T. Lupton Licensed Embalmer No. 2122
hereby certify that the body recorded on the reverse side of this certificate was embalmed by V. E. Morris

L. E.
No. 3360 or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed J. T. Lupton
Licensed Embalmer No. 2122

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.)