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.

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19964
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 5103

(c) City Saint Louis (d) Street No. 4249 W. North Market Street St.
(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 Unavailable yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clermont Gardner 125

(a) Residence, No. 4249 W. North Market Street, St. 11
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Negro	Married

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OF (OR) WIFE OF William R. Gardner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
Abt. 44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 1938 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Mobile
(STATE OR COUNTRY) Alabama

FATHER

13. NAME Andrew McKinnis

14. BIRTHPLACE (CITY OR TOWN) Mobile
(STATE OR COUNTRY) Alabama

MOTHER

15. MAIDEN NAME Willie Williamson

16. BIRTHPLACE (CITY OR TOWN) Mobile
(STATE OR COUNTRY) Alabama

17. INFORMANT Wm. R. Gardner
(ADDRESS) 4249 W. North Market Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE June 4, 1938

19. FUNERAL DIRECTOR Charles J. Gatto
(ADDRESS) 4107 Finney Avenue

20. FILED JUN 3 1938 J. E. Bruder
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1938

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on May 29th, 1938, to ~~May 30,~~ 1938
I last saw h~~er~~ alive on May 29th, 1938 Death is said to have occurred on the date stated above, at 6:20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis.	Unknown

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? General condition Was there an autopsy? No

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. M. Robinson, M. D.
(Address) 3101 Shenandoah Avenue

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

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.)