

REC'D MAY 10 1939

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

12859
Do not use this space.
3201

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis (d) Street No. Homer Phillips Hospital St.
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 635 Rufus Gardner

(a) Residence, No. 928 N 14th St. 25 (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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
67 11 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
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)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) - Tennessee
(STATE OR COUNTRY)

FATHER 13. NAME William Gardner

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

MOTHER 15. MAIDEN NAME Emaline ?

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

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wash Park DATE Apr 5 - 1939

19. FUNERAL DIRECTOR (NAME) Wright's Funeral Home
(ADDRESS) 3110 Easton ave.

20. FILED APR 5 1939
J. F. [Signature]
[Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 19 39

22. I HEREBY CERTIFY, That I attended deceased from March 21, 19 39, to March 30, 19 39

I last saw him alive on March 30, 19 39 Death is said to have occurred on the date stated above, at 6:05 p.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease Date of onset 8/21/39

Other contributory causes of importance:
Chronic nephritis

Name of operation..... Date of.....
What test confirmed diagnosis? clinical 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?
If so, specify.....
(Signed) [Signature] M. D.
(Address) 2601 N Whittier

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.

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 *me*

Chas. Garnie, Registered Apprentice No. *2349*
working under my personal supervision.

Signed

Chas. Garnie

Licensed Embalmer No. *2349*

P. O. Address

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, above space should be left blank.