DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44727

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2298

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Vet. Adm. Jefferson Bks. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Adm. Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)

In this community Not known

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town V.A.F. Jefferson Bks (If outside city or town limits, write "RURAL")

(d) Street No. Veterans Adm. Hospital (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Frank GARDNER 635

3. (b) If veteran, name war World War

3. (c) Social Security No.

4. Sex male

5. Color or race Negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Willie Lee Gardner

6. (c) Age of husband or wife if alive not known years

7. Birth date of deceased Aug. 7 1892 (Month) (Day) (Year)

8. AGE: 47 Years, Months 4, Days 16, If less than one day ..... hr. ..... min.

9. Birthplace Arkansas (Little Rock) (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business laboring

MOTHER FATHER

12. Name Not known

13. Birthplace Not known (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Not known

15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hospital Records

(b) Address V.A.F. Jefferson Bks Mo

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof Dec. 29. 1939 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery.

18. (a) Signature of funeral director Wright's Funeral Home.

(b) Address 3100 Easton Ave.

19. (a) DEC 28 1939 (Date received local registrar) (b) L. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1939 hour 11:00 minute A.M.

21. I hereby certify that I attended the deceased from Dec 7, 1939, to Dec 23, 1939; that I last saw him alive on Dec. 23 1939, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease with cardiac enlargement and Myocardial Insufficiency	
Due to Arterial Hypertension	
Contributory: Appendiceal Abscess.	
Due to Infection	
Other conditions (Include pregnancy within 3 months of death) 95.2	

Major findings: Of operations Appendiceal Abscess which is only contributory

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature C.W. Hughes C.W. Hughes C.M.O. (M. D. or other)

Address V.A.F. Jefferson Bks 12-23-39 Date signed

B.a. (Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

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 William C. McDowell, Registered Apprentice No. _____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.