

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jewish Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 46 yrs (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Jacob B. Gardner 635

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sarah Gardner 6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased May 29, 1871
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 0 2 hr. _____ min.

9. Birthplace Keunas Lithuania
 (City, town, or county) (State or foreign country)

10. Usual occupation Proprietor

11. Industry or business Express

12. Name Harris Gardner

13. Birthplace Lithuania
 (City, town, or county) (State or foreign country)

14. Maiden name Mollie Cohen

15. Birthplace Lithuania
 (City, town, or county) (State or foreign country)

16. (a) Informant Hyman Gardner

(b) Address 6265 Clemens

17. (a) burial (b) Date thereof 6/2/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Both Ham Hag

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) JUN 2 1940 (b) J. F. Bredebeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5757a Westminster
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 56 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
 year 1940 hour 11:22 minute AM

21. I hereby certify that I attended the deceased from May 4
 1940 to May 31, 1940

that I last saw him alive on 5/31, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung

Due to _____

Due to _____

Other conditions None
 (Include pregnancy within 5 months of death)

Major findings:
 Of operations _____

Of autopsy Carcinoma of lung

Duration

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?

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature refuse further (M. D. or other) my
 Address 684 N. 5th Date signed 6/1/40

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

MOTHER FATHER

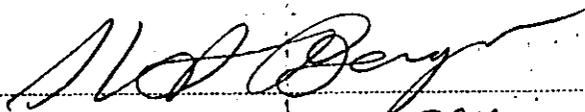
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No.....

1597

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.