S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33992

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8689

NOV 16 1940

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5862 Lotus Avenue 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 12
(If outside city or town limits, write "RURAL")

0 (d) Street No. 530 No. Union,
(If rural, give location)

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

3. (a) PRINT FULL NAME Dewey Gardner

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

3. (c) Social Security No. unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. (Month) 27 (Day) 1893 (Year)

8. AGE: Years 47 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Sparta (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Salesman 1

11. Industry or business Epstein Chevrolet Co. 1

FATHER
12. Name Samuel W. Gardner
13. Birthplace Sparta (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Sarah Banks
15. Birthplace Oregon, (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Fred Gardner
(b) Address 530 North Union Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 23/40 (Month) (Day) (Year)
(c) Place: burial or cremation Sparta, Illinois.

18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) OCT 21 1940 (Date received local registrar) (b) J. F. Bredich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 10, 1931, to Oct 20, 1940 that I last saw h alive on also Oct 10, 1931 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Myocarditis Chronic Angina Pectoris

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature W. R. Elmer (M. D. or other)
Address 601 University Chef Bldg. Date signed 10/21/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. W.P.Elmer
University Club Bldg
Je 6088 II - 3 pm.
26 Crestwood
Ca. 8690

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.