No. 2
4-13-40
5-17-39
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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. 40949

Registration District No. 7917 Primary Registration District No. 1003 Registrar's No. 10720

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: 4700 Penrose Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 0
In this community Since Birth

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 4700 Penrose Street 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lillian Gardella
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anthony Gardella
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Aug. (Month) 16th (Day) 1890 (Year)

8. AGE: Years 50 Months 4 Days 9 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home 6
11. Industry or business 6
MOTHER FATHER
12. Name ? Offer 6
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Not Known
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Anthony Gardella
(b) Address 4700 Penrose Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue
19. (a) DEC 27 1940 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1940 hour 2 minute 00 AM.
21. I hereby certify that I attended the deceased from Dec 21, 1940 to Dec 24, 1940; that I last saw her alive on Dec 24, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	1 yr +
Chronic Myocarditis	1 yr +
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 Thos. C. Wimber (M. D. or other)
Address 626 Metropolitan Bldg Date signed 12/27/40

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Buchholz

Licensed Embalmer No. 2140

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, fact should be so stated above.