

No. 2
-1-4-41
-17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23278
Registrar's No. 5630

FILED AUG 28 1941 91

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 days (Specify whether
 In this community 0 years, months or days)

3. (a) PRINT FULL NAME Gardener, William
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male Color or race C
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Gardener, Annie
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased: 12 25 18 94
 (Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days 11
 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business common

12. Name George Gardner

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

14. Maiden name Elizabeth Harless

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

16. (a) Informant Annie Gardner

(b) Address 113 So Leonard

17. (a) Burial (b) Date thereof 7 9 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation calvary

18. (a) Signature of funeral director J. H. Harrison

(b) Address 2200 Bayton

19. (a) JUL 8 1941 (b) J. H. Fredrick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 113 South Leonard
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
 year 1941 hour 1 minute A. M.
 21. I hereby certify that I attended the deceased from 6-6-41
 _____ to 7-6-41, 1941;
 that I last saw him _____ alive on 7-6-41, _____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Intestinal obstruction
 Due to Torsion of sigmoid
probably malignant
 Due to _____
 Other conditions (include pregnancy within 3 months of death) Hb

Major findings:
 Of operations None tuberculous
 Of autopsy Torsion of sigmoid
Osteomyelitis of left tibia

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)
 (a) Means of injury _____
 23. Signature Reinald Davis (M. D. or other) J. M. P.
 Address 1526 Papin St Date signed 7-14

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.

Myself

Signed *Glen E. Anderson*

Licensed Embalmer No. *4141*

P. O. Address *St. Louis Mo.*

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, fact should be so stated above.