

S. No. 2
M-1-4-41
v. 5-17-39
P-1 X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33518
Registrar's No. 8474

FILLED NOV 24 1941

1003

Registration District No. 791

Primary Registration District No. _____

00
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
/3215 University St
(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 St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3215 St. Louis Ave.
(If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD F. GARDNER

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mary Elizabeth Gardner 6. (c) Age of husband or wife if alive, dead years

7. Birth date of deceased December 7 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 10 18 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business retired

MOTHER FATHER { 12. Name Edward Gardner

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

14. Maiden name Ellen Horne

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

16. (a) Informant Catherine Gardner

(b) Address 3215 University St.

17. (a) Burial (b) Date thereof Oct 28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director A. Kraus R. U. Co

(b) Address 2707 N. Grand Bly'd

19. (a) OCT 27 1941 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25
year 1941 hour 1 minute 00 M.

21. I hereby certify that I attended the deceased from Aug.
1941 to Oct. 25 1941
and that death occurred on the date and hour stated above.
that I last saw him live on Oct 25 1941

Immediate cause of death Chy Myocarditis with general arteriosclerosis Duration _____

Due to _____

Due to _____

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings: Of operations 93
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) no

(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 0

23. Signature R. D. Benke (M. D. or other) _____
Address 4901 E. Easton Ave Date signed 10/26/41

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. *3631*

P. O. Address *5707 N. Grand*

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.