

S. No. 2
OM-5-43
v. 5-17-39
I X 38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18400
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4905

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:
2813a Stoddard 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 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 2117
(If outside city or town limits, write "RURAL")
(d) Street No. 2813a Stoddard St.
(If rural, give location) 9
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Harry Gardner
3. (b) If veteran, name war _____ 3. (c) Social Security 492-01-7743

4. Sex Male 2. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ada Gardner 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased July 3 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 24 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Porter Gardner

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

14. Maiden name Ellen Friff

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

16. (a) Informant Ada Gardner

(b) Address 2813a Stoddard St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-1946
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) JUN 1 1946 (Date received local registrar) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1946 hour 4 minute 35 P.M.
21. I hereby certify that I attended the deceased from 4/6 to 6/29 1946 and that death occurred on the date and hour stated above. 9/30
Duration

that I last saw him alive on 6/29 1946
Immediate cause of death hypertensive heart disease
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? _____

23. Signature J. F. Bredek (M.D. or other) 6/30/46
Address 809a Jefferson Date signed 6/30/46

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 L. Boyer
....., Registered Apprentice No. EM
working under my personal supervision.

Signed Lennie Boyer
Licensed Embalmer No. 2946
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.