

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5683**

1. PLACE OF DEATH:  
 (a) County **St. Louis Mo.**  
 (b) City or town **St. Louis Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**5800 Arsenal B**  
(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 **Mo.** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **5800 ARSENAL**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Richard Gardner**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **May** day **28**  
 year **1946** hour **6** minute **25**  
over

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced   
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: (Month) \_\_\_\_\_ (Day) **10** (Year) **1878**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. Age: **67** **1/4** **1/4** **1/4** If less than one day: **1** hr. **1** min.  
 9. Birthplace: **Mich.** (City, town, or county) **TENT** (State or foreign country)

Immediate cause of death:  
**Lobar PNEUMONIA; FRACTURE OF RIGHT TIBIA; SHIPPED FROM DECEASED WAS PUSHED TO THE CONCRETE DIVING ROOM FLOOR ON ROAD D-1 AT THE CITY PRISONARY ON MAY 14<sup>th</sup>, 1946 EXACT TIME UNKNOWN**  
 Other conditions (include pregnancy within 3 months of death): **Accident**  
 Major findings: **as above**  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

10. Usual occupation **work**  
 11. Industry or business **work**  
 12. Name **work**  
 13. Birthplace **work** (City, town, or county) (State or foreign country) **9/1860**  
 14. Maiden name **work**  
 15. Birthplace **work** (City, town, or county) (State or foreign country) **9/30**

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. T. Callaghan**  
 (b) Address **1300 Clark St. Anatomical Supply**  
 17. (a) \_\_\_\_\_ (Date thereof: (Month) (Day) (Year) **7-46**)  
 (c) Place: burial or cremation **St. Mary's**  
 18. (a) Signature of funeral director **W. Richter**  
 (b) Address **3500 Kates St.**  
 19. (a) **JUN 27 1946** **J. J. Braddock** (Registrar's signature)  
(Date received by registrar)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) **Accident (M.D.)**  
 (b) Date of occurrence **May 14 1946**  
 (c) Where did injury occur? **St. Louis** (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**public place**  
 While at work? **yes** (Specify type of place) (e) Means of injury **car above**  
 23. Signature **Alfred [unclear]** (M. D. or other) **B**  
 Address **St. Louis** Date signed **6/7/46**

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

20624

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**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.....

P. O. Address.....

**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.**