

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6201**  
Registrar's No. **1646**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b> <b>209 1/2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST MARY INFIRMARY 9</b>		d. STREET ADDRESS (If rural, give location) <b>5600 R. 9th Broadway</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clothilde</b> b. (Middle) <b>GARDNER</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>2 17 54</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>C</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>5-25-97</b>
9. AGE (In years last birthday) <b>56</b>	10. MONTHS <b>8</b>	10. DAYS <b>22</b>	IF UNDER 1 YEAR Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DOMESTIC</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>ARTHUR HARRISON</b>	13b. MOTHER'S MAIDEN NAME <b>KATE FISHER</b>	14. NAME OF HUSBAND OR WIFE <b>LEROY GARDNER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Leroy Gardner - N. BROADWAY</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ca Colon</b> <b>Arteriosclerotic Heart Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. INTERVAL BETWEEN ONSET AND DEATH <b>Un Known</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>153X</b>	
22. I hereby certify that I attended the deceased from <b>Oct 1953</b> , to <b>Feb. 17, 1954</b> , that I last saw the deceased alive on <b>2-17, 1954</b> , and that death occurred at <b>7:00 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>N.S. Smith M.D.</b> (Degree or title)	23b. ADDRESS <b>11 N Jefferson St. St. Louis</b>	23c. DATE SIGNED <b>2-19-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>2-23-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WASH LINGTON PK</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>
DATE REC'D BY LOCAL REG. <b>FEB 20 1954</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter 2707 St. Louis</b> ADDRESS	

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alden

**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.