

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20498**
Registrar's No. **5778**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 3 Wks	c. CITY OR TOWN Lemay	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 3901 Mt. Olive Rd.	

3. NAME OF DECEASED (Type or Print) a. (First) Alma b. (Middle) _____ c. (Last) Gardner	4. DATE OF DEATH (Month) (Day) (Year) June 26 1954
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5. SEX female	6. COLOR (OR RACE) white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 29, 1894	9. AGE (in years last birthday) 59	IF UNDER 1 YEAR Months 7 Days 27	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. COUNTRY OF WHAT CITIZENRY? U.S.A

13a. FATHER'S NAME Ferdinand Wweindenkeller	13b. MOTHER'S MAIDEN NAME Amelia --/?	14. NAME OF HUSBAND OR WIFE George Gardner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 498-18-7899	17. INFORMANT'S SIGNATURE OR NAME George Gardner ADDRESS 3901 Mt. Olive Rd
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 1 month
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lymphosarcoma Inguinal region		2 months
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 5/6/54	19b. MAJOR FINDINGS OF OPERATION Lymphosarcoma left groin	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2001
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22. I hereby certify that I attended the deceased from **2/8, 1954**, to **6/26, 1954**, that I last saw the deceased alive on **6/26, 1954**, and that death occurred at **4:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Albert A. Cason (Degree or title) _____	23b. ADDRESS 3606 Gravois	23c. DATE SIGNED 6/28/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 29 1954	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo
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DATE REC'D BY LOCAL JUN 28 1954	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	FUNERAL DIRECTOR'S SIGNATURE John L. Ziegenhain & Sons ADDRESS 7027 Gravois Ave
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed E. P. Kidwell

Licensed Embalmer No. 3877
P. O. Address 7027 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.