

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 17 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2812

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>	
c. LENGTH OF STAY (in this place) <u>7 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>7219 Cornell Av.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7219 Cornell Av.</u>		e. STREET ADDRESS <u>7219 Cornell Av.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
<u>Sophia A. Gantner</u>	<u>Sophia</u>	<u>A.</u>	<u>Gantner</u>	<u>12/5/54</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 30, 1864</u>	9. AGE (In years last birthday) <u>90</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Garthoffner</u>	13b. MOTHER'S MAIDEN NAME <u>Victoria Wagner</u>	14. NAME OF HUSBAND OR WIFE <u>Louis Gantner</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Gantner (64) Searching for</u>	ADDRESS <u>4201</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Dec 3, 1954</u> <u>Nov. 25, 1954</u> <u>10 year</u> <u>10 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 19 4/6 to Dec 5, 1954, that I last saw the deceased alive on Dec 5, 1954, and that death occurred at 4:02 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leo P. FitzGerald M.D.</u>	(Degree or title)	23b. ADDRESS <u>606 E. Delmar Blvd. University City 151</u>	23c. DATE SIGNED <u>Dec 6, 1954</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>12/9/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sts. Peter &amp; Paul</u>	24d. LOCATION (City, town, or county) (State) <u>Booneville Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12/6/54</u>	REGISTRAR'S SIGNATURE <u>Hebe R. Montemayor</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James S. Muller</u>	ADDRESS <u>5165 Hillman St. St. Louis Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

Mr. J. P. Kelly  
46xx Nelson. Bl  
8-4

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

*Ben E. Hoffman*

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

*4-36-9  
Hous. Me*

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.