

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9600

FILED MAR 18 1955

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1861

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u> | | c. CITY OR TOWN <u>ST LOUIS</u> | |
| c. LENGTH OF STAY (in this place) | | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHRISTIAN HOSPITAL</u> | | e. STREET ADDRESS (If rural, give location) <u>4735 CUPPERS OPH</u> | |
| 3. NAME OF DECEASED a. (First) <u>RAYMOND</u> b. (Middle) <u>F</u> c. (Last) <u>GARDNER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 26 55</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>2-27-1900</u> |
| 9. AGE (In years last birthday) <u>54</u> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | IF UNDER 15 MIN. Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping clerk</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>BINDER</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>CENTRE, Ohio</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>CHAS. T. GAEDNER</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>MAY BUNGARD</u> | | 13c. NAME OF HUSBAND OR WIFE <u>ESTELLE</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>49403-9268</u> | | 16. SOCIAL SECURITY NO. <u>49403-9268</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Estelle Gardner</u> | | ADDRESS <u>4735 Cuppers Pl.</u> | |
| 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 | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Pneumonia Labor</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage with</u> | | <u>6 days</u> | |
| DUE TO (c) <u>Rt Hemiplegia</u> | | <u>6 days</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension Essential</u> | | <u>8 months</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) <u>St. Louis 13 Missouri</u> | |
| 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? <u>331K</u> | |
| 22. I hereby certify that I attended the deceased from <u>2/20/55</u> , to <u>2/26/55</u> , that I last saw the deceased alive on <u>2/26</u> , 19 <u>55</u> , and that death occurred at <u>10 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Anthony J. Vitale M.D.</u> | | 23b. ADDRESS <u>3861 St. Louis Ave</u> | 23c. DATE SIGNED <u>2/28/55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>3-2-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS</u> | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u> |
| DATE REC'D BY LOCAL REG. <u>FEB 28 1955</u> | REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank Lo 4-66-2707 N. Grand</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 *Bill C. Brown*.....

Licensed Embalmer No. *476*.....

P. O. Address *St. Louis*.....

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.