

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 1316							
1. PLACE OF DEATH a. COUNTY ST. LOUIS				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 town) OR TOWN CLAYTON MO				c. LENGTH OF STAY (in this place) 3 WKS		c. CITY OR TOWN WEBSTER GROVES MO				d. Is 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 ST LOUIS COUNTY HOP				STREET ADDRESS (If rural, give location) 631 N. ELM									
3. NAME OF DECEASED (Type or Print) Lizzie			a. (First)		b. (Middle)		c. (Last) Gardner		4. DATE OF DEATH (Month) (Day) (Year) 6 8 55				
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MARCH 25 1902		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 4 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK				10b. KIND OF BUSINESS OR INDUSTRY AT HOME DUSTY		11. BIRTHPLACE (City and State or Foreign Country) PINEBLUFF ARK				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME ADAM HILLARE				13b. MOTHER'S MAIDEN NAME UNKN				14. NAME OF HUSBAND OR WIFE HENRY GARDNER					
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. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Gardner 631 N. ELM								
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 16 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION				ANTECEDENT CAUSES DUE TO (b) CARCINOMA OF SIGMOID COLON DUE TO (c) ARTERIOSCLEROTIC (ARTIOVASC.) DISEASE								UNK UNK	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION 6-7-55			19b. MAJOR FINDINGS OF OPERATION CARCINOMA SIGMOID COLON						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)							
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?							
22. I hereby certify that I attended the deceased from 5-6, 1955, to 6-8, 1955, that I last saw the deceased alive on 6-8, 1955, and that death occurred at 4:30 P.M., from the causes and on the date stated above.													
23a. SIGNATURE Robert E. New M.D.						23b. ADDRESS 601 So. Brentwood			23c. DATE SIGNED 6-8-55				
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 14 JUNE 55		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK			24d. LOCATION (City, town, or county) (State) ST LOUIS MO						
DATE REC'D BY LOCAL REG. 6/9/55		REGISTRAR'S SIGNATURE Herbert P. Donkey, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Theodore J. Vandee 130 E. 11th							

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 *Theodore J. Gandy*

Licensed Embalmer No. *42*
P. O. Address *136 E. Webster Grove*

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.