

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-81-015154
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4235

FILED MAY 10 1961

DATE AMENDED

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u> | | Length of stay in 1b <u>3 Wks.</u> | c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>5333 Cabanne Avenue</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>THOMAS</u> Middle <u>A.</u> Last <u>GARDNER, SR.</u> | | | 4. DATE OF DEATH Month <u>MAY</u> Day <u>2</u> Year <u>1961</u> | | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/30/??</u> | 9. AGE (last birthday) <u>83</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days | Hours | Min. |
|-----------------------|----------------------------------|---|-------------------------------------|-------------------------------------|---------------------------|------------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate Broker (ret.)</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u> | 11. BIRTHPLACE (City and state or country) <u>Des Arc, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>James Gardner</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Rainey</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary L. Gardner</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> | 17. INFORMANT Address <u>5333 Mrs. Mary L. Gardner, Cabanne</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 MINUTES</u> |
| DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> | | UNDETERMINED |
| DUE TO (c) <u>4200</u> | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour <u>4:00 P.M.</u> Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
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| 21. I attended the deceased from <u>APRIL 10, 1961</u> to <u>MAY 2, 1961</u> and last saw her/him alive on <u>MAY 2, 1961</u> Death occurred at <u>4:00 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>C. J. Vermillion, M.D.</u> (Degree or title) | 22b. ADDRESS <u>BARNES HOSPITAL</u> | 22c. DATE SIGNED <u>5/3/61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 23b. DATE <u>5/5/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 23d. LOCATION (City, town, or county) <u>St. Louis County Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Drehmann-Harral, 1905 Union Blvd.</u> | 25. DATE RECD. BY LOCAL REG. <u>MAY 4 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u> |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Warren A. Carver

Licensed Embalmer No.

3534

P. O. Address _____

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.