

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

9741 -61-U38584  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District **1003** Registrar's No. \_\_\_\_\_

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**FILED NOV 8 1961**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Length of stay in 1b **14 Months**  
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Hospital Cardinal Glennon Memorial** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **3947 a Shenandoah** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Gary** Middle **D.** Last **Gardner** 4. DATE OF DEATH Month **10** Day **20** Year **61**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **8-12-60** 9. AGE (last birthday) **14 Months** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) \_\_\_\_\_ 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Donald Gardner** 13b. MOTHER'S MAIDEN NAME **Barbara Furtado** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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. \_\_\_\_\_ 17. INFORMANT **Donald Gardner 3947a Shenandoah** Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Intra-cranial Hemorrhage 24 hrs** INTERVAL BETWEEN ONSET AND DEATH **2 wks**  
DUE TO (b) **Acute Monocytic Leukemia**  
DUE TO (c) **204.2**

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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from **10/19/61** to **10/20/61** and last saw her/him alive on **10/20/61**.  
Death occurred at **2:40 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Francis J. Sullivan M.D.** 22b. ADDRESS **Carl Glennon Hosp.** 22c. DATE SIGNED **10/24/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **10/23/61** 23c. NAME OF CEMETERY OR CREMATORY **St. Matthews Cem.** 23d. LOCATION (City, town, or county) **St. Louis, Mo.** (State) \_\_\_\_\_

24. FUNERAL DIRECTOR **McLAUGHLIN'S, 2301 Lafayette** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **OCT 23 1961** REGISTRAR'S SIGNATURE **Carl Smith, M.D.**

**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 *A. G. Farris*

Licensed Embalmer No. *3384*

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.