MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-003783

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 482

FILED JAN 19 1962

1. PLACE OF DEATH
a. COUNTY - - - -

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY - - - -

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 3 years

c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home of the Friendless — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 4431 S. Broadway — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First EMILY Middle (n) Last GARTLAND

4. DATE OF DEATH Month January Day 10, Year 1962

5. SEX F

6. COLOR OR RACE W

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH 3-21-1880

9. AGE (last birthday) 81 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (City and state or country) Mehlville, Missouri

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Max Stengle

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Victor Gartland (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. M. H. Campbell, Address 4431 S. Broadway St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — several years

DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diverticulosis of Colon with abdominal abscesses

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 April 1959, to 10 Jan. 1962 and last saw her alive on 10 Jan. 1962
Death occurred at 11:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Benjamin H. Clark M.D.

22b. ADDRESS 3720 Washington — St. Louis

22c. DATE SIGNED 11 Jan. 1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE January 12, 1962

23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY 6464 Chippewa, St. Louis

25. DATE RECD. BY LOCAL REG. JAN 11 1962

26. REGISTRAR'S SIGNATURE Karl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

5 | 2/2

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 John S. Dennehy

Licensed Embalmer No. 4194

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.