

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025886

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** FILED JUN 28 1963

Primary Registration District No. **1003**

Registrar's No. **6289**

STATE FILE NUMBER

VS 300
Rev. 4/59

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STATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b 46	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1452 Lasalle home		d. STREET ADDRESS (If outside, give location) 1452 Lasalle home	
3. NAME OF DECEASED (Type or print) First ANDREW Middle GARDNER Last		4. DATE OF DEATH Month 6 Day 13 Year 63	
5. SEX male	6. COLOR OR RACE Color.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-5-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR.		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Mauden Miss.
13a. FATHER'S NAME Mac. Gardner.		13b. MOTHER'S MAIDEN NAME Josephine Gardner.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		17. INFORMANT Josephine Gardner 1452 Lasalle	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis.		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arterio Sclerosis.		DUE TO (c) 4 2 2 1	
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	
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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		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	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:25 P m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul J. Simon Deputy Coroner		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 6/14/63		23. BURIAL, CREMATION, REMOVAL (Specify)	
23a. DATE 6-17-63		23b. NAME OF CEMETERY OR CREMATORY Washington Park	
23c. LOCATION (City, town, or county) Berkley 40 Mo.		23d. FUNERAL DIRECTOR PRICE UND. CO 2829 Washington	
25. DATE RECD. BY LOCAL REG. JUN 14 1963		26. REGISTRAR'S SIGNATURE Paul Smith. M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

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ITEM NO.: SHOU'D READ

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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Fanny Ave

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.