MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14894

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 5418 Cabanne St. ..... Ward)

File No. .....

Registered No. 3798

2. FULL NAME Susan Francis Gardner

(a) Residence. No. 5418 Cabanne Ave St., 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nicholas S Gardner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9 - 1841

7. AGE: 86 YEARS; MONTHS: 7; DAYS: 26; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hillsboro Ill
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Martin Holmes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ~~Hillsboro~~ Kingston Mass Ill
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sofia Wyman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Charlestown Mass
(STATE OR COUNTRY)

14. INFORMANT Herbert S Gardner
(Address) 6318 Pershing ave

15. FILED ..... 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1928, to April 5, 1928 that I last saw her alive on April 4, 1928, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the stomach

44a

(duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Albert E. Taussig, M. D

Apr 5, 1928 (Address) 3720 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine
DATE OF BURIAL: Apr 7 1928

20. UNDERTAKER: Wagoner
ADDRESS: 3621 Olive

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.