

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

Do not use this space.

38882

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **11003**  
 City **St. Louis** (No. **City Hospital # 2**)

File No. ....  
 Registered No. **11548**  
 St. .... Ward

**2. FULL NAME**

(a) Residence. No. **1117 N 8<sup>th</sup>** St., **15** Ward.

Length of residence in city or town where death occurred **37** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Widow**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Not known**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**abt 60**  
 8. OCCUPATION OF DECEASED **136 R Laborer 156 R 98 R**  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss.**  
 10. NAME OF FATHER **Henry Gardner**  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Miss.**  
 12. MAIDEN NAME OF MOTHER **Lou Puller**  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Miss.**

14. INFORMANT (Address) **Anna H. Woodard City Hospital #2**  
 15. FILED **27** 19**28** **Max C. Frankel** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **November 21 1928**  
 17. I HEREBY CERTIFY That I attended deceased from **November 16 1928** to **November 21 1928** that I last saw him alive on **November 21 1928**, and that death occurred, on the date stated above, at **9:20** p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Gangrene of Penis and Scrotum** (duration) yrs. mos. **9** da.  
 CONTRIBUTOR **Acute urinary obstruction** (SECONDARY)  
**cause urethral stricture** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **Gonorrhoea**  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **11/18/28**  
 WAS THERE AN AUTOPSY? **No**  
 WHAT TEST CONFIRMED DIAGNOSIS? **Microsc.**  
 (Signed) **J. J. Thomas** M. D.  
 11/21/28 (Address) **City Hospital #2**

\*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 **Washington Park Bur.** DATE OF BURIAL **Nov. 28 1928**  
 20. UNDERTAKER **Peoplis Bur. Co. Franklins** ADDRESS **3100**

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.

