

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003

File No. 34482
Registered No. 9857
St. Ward)

2. FULL NAME

John Gardner
(a) Residence No. 1521 Bremen ave. 26 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12th 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 - 10 - 4 -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer Krey Packing Co

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Austria, Hungary

PARENTS

10. NAME OF FATHER John Gardner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Austria, Hungary

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Austria, Hungary

14. INFORMANT Beelia Gardner
(Address) 1521 Bremen ave

15. FILED 16 19 Max G. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 16 1930

17. I HEREBY CERTIFY, That I attended deceased from October 15 1930 to October 16 1930, and that I last saw him alive on October 16 1930, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute dilation of Heart
578
9878
152

(duration) yrs. mos. ds.
CONTRIBUTORY Chronic
(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) Carl C. Ottersbach, M. D.

Oct. 17 1930 (Address) 1509 Bremen Av

*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 DATE OF BURIAL

Calvary Cemetery Oct 18th 1930

20. UNDERTAKER ADDRESS

Edward Koch 3516 4th St.

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

