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.

WHITE PAPER, WITH UNFADING INKLETTING IS A PERMANENT RECORD

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

Do not use this space.

34060

File No.

Registered No. 9413

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital #1 St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Edward Gartner

(a) Residence, No. 2733 Chippewa St., 24 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): Widowder

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 8-1862

7. AGE: YEARS 70 | MONTHS 8 | DAYS 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): ✓

11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy Ill

FATHER

13. NAME: David Gartner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk 31

MOTHER

15. MAIDEN NAME: Unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

17. INFORMANT (ADDRESS): Mrs. Andrew Stark 3838 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE: Quincy Ill DATE: Oct 26, 1932

19. UNDERTAKER (ADDRESS): F. Duker & Sons Quincy Ill

20. FILED: OCT 23 1932, 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-22-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-10-32, 19, to 10-22-32, 19

I last saw him alive on 10-22-32, 19 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

ASD

Carcinoma of Mandible

Date of onset

Other contributory causes of importance:

45 D

Name of operation: Lab. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) City Hosp. #1 St. Louis, Mo.