

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.

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

Do not use this space.

37923

1. PLACE OF DEATH

County Registration District No. 701
Township Primary Registration District No. 106
City St. Louis (In Infirmary) St. Ward

File No.
Registered No. 10631
St. Ward

2. FULL NAME

Bell Gardner
(a) Residence, No. 5800 - Central St., 13 Ward.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 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) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 1874
7. AGE YEARS 58 MONTHS 3 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. n.e.
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) Illinois (STATE OR COUNTRY) ?

13. NAME Isiah Cook

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

15. MAIDEN NAME Melina Lansdown

16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

17. INFORMANT H. Kinsella (ADDRESS) Altamont

18. BURIAL, CREMATION, OR REMOVAL PLACE Paris Ill DATE 12-1-13

19. UNDERTAKER W. C. Moydell (ADDRESS) 19 1/2 Maple St. St. Louis

20. FILED DEC - 1 1913 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1932 to Nov. 30 1932
I last saw her alive on Nov. 29 1932 Death is said to have occurred on the date stated above, at 8:00 A.M.

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

Chronic Myocarditis
Arteriosclerosis
Hemiplegia
Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Heart sounds Was there an autopsy? n.e.

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 (1)

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Carl Schumacher, M. D.
(Address) Doal Hoop

