

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

Do not use this space.

MAR 1 5 1935

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **5800**)

Arsenal

File No. **3785**

Registered No. **1132**

St. Ward)

2. FULL NAME

John Gardner

(a) Residence No. **5800 Arsenal St.** St. **13** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **60** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **G** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 85 X X

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Driver**
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) X **Mo**

FATHER 13. NAME **John Gardner**

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

MOTHER 15. MAIDEN NAME X

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

17. INFORMANT **J. J. Sullivan** (ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **2/1** 19**35**

19. UNDERTAKER **A. Russell Hendco** (ADDRESS) **2735 Olive Blvd.**

20. FILED **B-1** 19**35** **J. H. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 28** 19**35**

22. I HEREBY CERTIFY, that I attended deceased from **May 26** 19**25**, to **Jan 28** 19**35**

I last saw him alive on **Jan 28** 19**35**. Death is said

to have occurred on the date stated above, at **7:00 P.M.**

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

Lobar pneumonia Date of onset **1-26-35**

Other contributory causes of importance: **1925**
Senility
Chronic Myocarditis **1925**

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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.....

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? **No**
If so, specify.....

(Signed) **Marvin T. Haw, Jr., M. D.**
(Address) **5600 Arsenal**

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.

