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

JAN 23 1936

Do not use this space.

40934

1. PLACE OF DEATH

County St. Louis — Registration District No. 789 — File No.

Township ~~Clayton~~ Central — Primary Registration District No. 6033 — Registered No. 316

City Wellston (No. St. Peters Cem. 2101 Lucas and Hunt road. St. Ward)

(Amelia)

2. FULL NAME Mealie Gardner

(a) Residence, No. 1744 N 61st str. St., Ward.
(Usual place of abode) E. St. Louis, Ill. (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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 11th 1875

7. AGE: YEARS 60 — MONTHS 1 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home
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): St. Louis, Mo.

FATHER

13. NAME: Frederick Rankey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Frank Gardner, 1744 N. 61st st. East St. Louis Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Peters Cem. DATE: 1/1/1935

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc. 429 N. Euclid Av.

20. FILED 12-30-1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/28/35, 19

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 A m.

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

Date of onset

Chr. myocarditis, chr. endocarditis, chr. aortic insufficiency, sclerotic valves. Chr. arteriosclerosis, coronary sclerosis, extreme with complete occlusion rt. coronary near its origin. Extreme obese.

Other contributory causes of importance:

Sclerotic coronary occlusion, right side.

Name of operation: Autopsy — Date of

What test confirmed diagnosis? — Was there an autopsy? yes

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 12/30/35

(Signed) [signature], M. D.

(Address) 3718 Jennings Rd.

Coroner St. Louis Co., Mo.