

MAR 26 1936

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

Do not use this space.

9041

## 1. PLACE OF DEATH

County St. Louis  
 Township St. Louis  
 City St. Louis, Mo.

Registration District No. 91Primary Registration District No. 1

File No. ....

Registered No. ....

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. ....

(Usual place of abode)

St. ....

Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 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

W

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Vina Gardner

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

Nov. 15, 1855

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

8114

## OCCUPATION

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

General Secretary

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

Telephone Co.

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

May 193511. Total time (years) spent in this occupation 40

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

N.Y.

## 13. NAME

Unknown

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

Isabella Ward

## 15. MAIDEN NAME

Isabella Ward

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

Isabella Ward

## 17. INFORMANT (ADDRESS)

Vina Gardner  
St. Louis, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis, Mo.

DATE

2/22

1936

## 19. UNDERTAKER (ADDRESS)

Arch C. Bunker  
St. Louis, Mo.

## 20. FILED

March 9, 1936

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb 19 193622. I HEREBY CERTIFY, That I attended deceased from Feb 15 1936, to Feb 18 1936I last saw him alive on Feb 18 1936. Death is said to have occurred on the date stated above, at 8:00 P. m.

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

Senescent Labor

Date of onset

2-15

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Yes Date of injury 2-18 1936Where did injury occur? Yes (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? Yes

If so, specify

(Signed)

(Address)

M. D.

