

JUN 5 1936

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

Do not use this space.

17942

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1008**

City St. Louis (No. 5170 Cabany)

File No.

Registered No. **4768**

St. Ward)

2. FULL NAME ELIZABETH GARDNER

(a) Residence, No. 5170 CABANY St. 12 Ward. (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 HENRY GARDNER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22nd 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
84 8 8

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

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

MOTHER FATHER 13. NAME JAMES SPOULB

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

15. MAIDEN NAME TRACHEL DICKENY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SPARTA ILL

17. INFORMANT MARY BROWN (ADDRESS) Lincoln Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE SPARTA ILL DATE MAY 3rd 1936

19. UNDERTAKER ALBERT H Hoppe Inc (ADDRESS) 429 E. Euclid Ave

20. FILED MAY 1 1936 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR. 30th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1936, to April 30, 1936

I last saw her alive on April 30, 1936. Death is said to have occurred on the date stated above, at 1:00 P.M.

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

Cerebral hemorrhage and Softening of the Brain Date of onset Feb. 1, 1936

Other contributory causes of importance: See

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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? No.

If so, specify

(Signed) Paul H. McRae, D.D., M. D. (Address) 5473 Delmar Blvd.

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.

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