

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis

(No. De Paul Hospital)

File No. 10123

Registered No. 2687

St. Ward

2. FULL NAME Sadie Turner Gardner

(a) Residence, No. 5051 Cabanne Ave. 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 Samuel Gardner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
59 11 5

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

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) Mo

13. NAME Benjamin Turner

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

15. MAIDEN NAME Lucy Spough

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

17. INFORMANT Harold J. Gardner (ADDRESS) 5051 Cabanne Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem DATE Mar. 9 1937

19. UNDERTAKER Archibald Varral (ADDRESS) 1925 Union Blvd

20. FILED MAR 8 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6th, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 2nd, 1937 to March 6th, 1937. Last saw her alive on March 6th, 1937. Death is said to have occurred on the date stated above, at 10 P m.

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

Chronic myocarditis

Date of onset Oct 1936

Other contributory causes of importance: P3C

Name of operation none 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? no 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) J. H. Gallagher M. D. (Address) Swain Bldg 3903 Olive

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.

89925
31
2

1943

1943