

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

295  
Do not use this space.

7911  
1003

151

**1. PLACE OF DEATH**

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis Mo. (d) Street No. 2609 So. Grand Bl. Registered Bl. St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Mrs. Augusta Gardner 635  
 (a) Residence, No. 2609 So. Grand Bl. St. 17 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 OR (OR) WIFE OF Augustus Gardner  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1849  
 7. AGE YEARS 88 MONTHS 6 DAYS 23 IF LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as 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) Elizabeth New Jersey  
 FATHER 13. NAME Unknown 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "  
 MOTHER 15. MAIDEN NAME Unknown 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "  
 17. INFORMANT (ADDRESS) Mrs. S. J. Shaw 2609 So. Grand Bl.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Dec. 1/6 1937  
 19. FUNERAL DIRECTOR (ADDRESS) Chas. A. Bull 4457 Washington Bl. St. Louis  
 20. FILED JAN 5 1938 Local Registrar J. B. Deedick

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Jan 4, 1938  
 I last saw h. e. r. alive on Jan 4, 1938. Death is said to have occurred on the date stated above, at 9 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Acute Myocardia  
 Other contributory causes of importance:  
Chronic Myocarditis  
Chronic Interstitial Nephritis  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? Every 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? Yes  
 If so, specify Chronic Myocarditis (Signed) W. D. Saylor M. D.  
3103 Roswell St. (Address)

Date of onset 1/10/38  
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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.

STATEMENT BY LICENSED EMBALMER .

I, John Ketter, Licensed Embalmer No. 3880  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John Ketter  
Licensed Embalmer No. 3880

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**