DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 642

Registration District No. 701 Primary Registration District No. Registrar's No. 642

1. PLACE OF DEATH: 1003 FILED FEB 17 1940
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3716 S. Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lena Gartland 1 3 ed
3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Eugene Gartland
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased August (Month) 3, (Day) 1884 (Year)

8. AGE: Years 55 Months 5 Days 18 If less than one day hr. min.

9. Birthplace St. Louis- (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name Albert Visel
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Louisa Martin
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs. Ethel Voyles
(b) Address 4923 S. Broadway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/40 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Wacker-Helderle
(b) Address 2331 S. Broadway
19. (a) JAN 23 1940 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1940 hour 10 minute a. M.
21. I hereby certify that I attended the deceased from Dec. 4, 1939, 19, to Jan. 21, 1940
that I last saw her alive on Jan 21, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum
Due to —
Due to —
Other conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature B. W. Klippel M.D. (M. D. or other)
Address 3235 South Grand Blvd Date signed 1/22/40

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Robert C. Wheeler

Licensed Embalmer No. 2138

P. O. Address.....St Louis M

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

If this body is not embalmed, above space should be left blank.