

STANDARD CERTIFICATE OF DEATH
1003

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3446 1/2 Texas Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lenora Gander

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clarence Gander 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July 19th 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 5 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Charles Winsler

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Gander

(b) Address 3446 1/2 Texas Ave.

17. (a) Burial (b) Date thereof 9-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 25 1940 (b) [Signature]
(Date received local registrar) (Physician's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3446 1/2 Texas Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th
year 1940 hour 9:30 minute P.M. M.

21. I hereby certify that I attended the deceased from March 5, 1940, to Sept. 24, 1940
that I last saw her alive on Sept. 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon with generalized abdominal meta-
stases.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None performed
Of autopsy None performed

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? _____

28. Signature [Signature] (M. D. or other) M.D.
Address 3258 Lafayette Ave. Date signed 9-25-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Salsbury
Lafayette & Louisiana

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 *Edwin M. Bernatt*

Licensed Embalmer No. *3024*

P. O. Address.....

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.)

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