S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5020

FILED MAR 25 1941 Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1268

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

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1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 530 No. Union Blv'd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town St. Louis, 12 17
(If outside city or town limits, write "RURAL")

(d) Street No. #530 No. Union Blv'd., 1 9
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME SARAH JOSEPHINE GARDNER.

3. (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 Widowed.

6. (b) Name of husband or wife Samuel Gardner.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 17, (Day) 1857. (Year)

8. AGE: Years 83. Months 3. Days 21. If less than one day hr. min.

9. Birthplace Oregon, (City, town, or county) / Illinois. (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Isaac Bankes.
13. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Emily Keys.
15. Birthplace Sommerset, (City, town, or county) / Ohio. (State or foreign country)

16. (a) Informant Josephine G. Smith.
(b) Address 530 No. Union Blv'd.

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 2/9/1941. (Month) (Day) (Year)
(c) Place: burial or cremation Sparta, Illinois.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Boulevard.

19. (a) FEB 7 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb'y day 7th, year 1941 hour 5 minute a M.

21. I hereby certify that I attended the deceased from June 0, 1939, to Feb 7, 1941, that I last saw her alive on Feb 6, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Chronic	2 years
Due to Age	
Due to	
Other conditions Arterial hypertension (Include pregnancy within 3 months of death)	4 or 5 yrs
Major findings: Of operations	
Of autopsy	

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 W. P. Elmer (M. D. or other)
Address 601 University Clif Bl Date signed 2/7/41

(Licensed Embalmer's Statement on Reverse Side)

Dr Elmer... W. P.
University Club, Bldg.
1-3 P.M.
JE-6088

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

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, fact should be so stated above.