

FILED FEB 24 1942

State File No.

213

Registration District No. 791

Primary Registration District No. 100

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5192 Raymond
(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

3. (a) PRINT FULL NAME Delilah Gardener

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 Widowed
6. (b) Name of husband or wife Charles Gardener 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 7, 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 4 0 _____ hr. _____ min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Hubbel Lommis
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Mary Knowels
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Ketchum

(b) Address 5192 Raymond

17. (a) Burial (b) Date thereof 1/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JAN 9 1942 (b) J. F. Budcek
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5192 Raymond
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1942 hour 5.30 P. Minute _____ M.

21. I hereby certify that I attended the deceased from March 23
1941 to January 7, 1942
that I last saw her alive on January 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration 1 week

Due to Cardio-vascular-Renal disease 15 years

Due to Senility 10 years

Other conditions Cystitis etc etc 6 mo.
(Include pregnancy within 3 months of death)

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? _____

While at work _____ (Specify type of place) (a) Means of injury _____

23. Signature J. M. Brown (M. D. or other) MD.
Address 2867 Union Date signed 1/8/42

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

600
1590

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..... *Henry Eyrick*.....
Licensed Embalmer No. *1284*
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.