

FILED MAR 24 1942

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis, Mo.**  
(c) Name of hospital or institution: **City Hosp.**  
**2100 N. Broadway**  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**  
(c) City or town..... **St. Louis** **2617**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2100 N. Broadway** **9**  
(If rural, give location)  
(e) Citizen of foreign country?.....  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2**  
year **1942** hour **1** minute **30** P. M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....,  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Bilateral Pulmonary Tuberculosis;**  
**Chronic Interstitial Nephritis.**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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)  
Cause of injury.....

23. Signature..... (M. D. or other)  
Address..... Date signed **3/3/42**

3. (a) PRINT FULL NAME **TONY GANDER**

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **SINGLE**

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

7. Birth date of deceased **2** **10** **1879**  
(Month) (Day) (Year)

8. AGE: Years **53** Months Days If less than one day  
..... hr. .... min.

9. Birthplace **Massachusetts** **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business.....

12. Name **Unknown**

13. Birthplace **11** **7**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **11** **0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Agnes Swedowski**

(b) Address **2100 N. Broadway**

17. (a) **Burial** (b) Date thereof..... (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation **Calmery**

18. (a) Signature of funeral director **Central Nat. Cem.**

(b) Address **1841 Cass Ave**

19. (a) **MAR 3 1942** (b) (Registrar's signature)  
(Date received local registrar)

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**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..... *Guy W Wilkinson*.....

Licensed Embalmer No..... *3575*.....

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, fact should be so stated above.**