

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(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: Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 44 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4225 W. Page  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sheppard Gardner

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bonnie Gardner 6. (c) Age of husband or wife if alive abt. 1873 years  
7. Birth date of deceased Unavailable  
(Month) (Day) (Year)

8. AGE: Years about 69 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Dresden Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Unemployed

12. Name Burleigh Gardner  
13. Birthplace Dresden Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Frankie Unavailable  
15. Birthplace Dresden Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Gardner  
(b) Address 3455 Laclede Ave.

17. (a) Removal (b) Date thereof 3-24-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dresden, Tennessee

18. (a) Signature of funeral director Chas. J. Gates  
(b) Address 4107 Finney Ave. St. Louis, Mo.

19. (a) MAR 24 1942 (b) J. T. [Signature]  
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21, year 1942 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from March 18, 1942, to March 21, 1942; that I last saw him alive on March 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal disease Duration 3 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions uremia 4 days  
(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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or D. O.)  
Address 2601 N. D. [Signature] Date signed 3/24/42

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

**STATEMENT BY LICENSED EMBALMER**

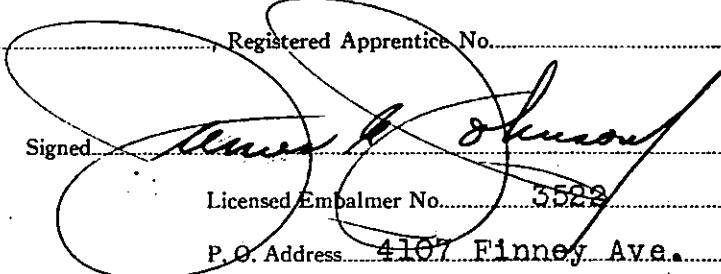
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No. ....

working under my personal supervision.

Signed

  
Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

**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.**