7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13122

Registrar's No. ~~4166~~ 000 21 17 9 0

**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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 18 ds (Specify whether years, months or days)
In this community about 3 years

**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. 3127 Delmar Bl.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GARDIA THORNTON

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 2

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 18 (Day) 1900 (Year)

8. AGE: Years 42 Months 2 Days 19 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Laborer

11. Industry or business unknown

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) Kansas (State or foreign country)

16. (a) Informant L. Deggen Dr.
(b) Address City Sanitarium

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Omer E. Pettis
(b) Address 3030 Belle Ave.

19. (a) MAY 12 1942 (Date received local registrar) (b) J. F. Frederick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 7 year 1942 hour 8:20 minute A.M.

21. I hereby certify that I attended the deceased from 3-21-42, 19..., to 5-7-42, 19...; that I last saw h. 1m. alive on 5-7-42, 19...; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Paresis (onset 3-21-42) x | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy No.

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 J. B. Ridenour M.D. (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

+0

## 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 William C. McDowell, Registered Apprentice No._____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.**