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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN -4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41911

Registration District No. 189 Primary Registration District No. 200 Registrar's No. 2622

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 36

(a) State Missouri. (b) County Franklin Co. 6
(c) City or town Washington Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 9th and Stafford.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Edward L. Gardner.

3. (b) If veteran, name war World war I.

3. (c) Social Security No. Unobtainable

4. Sex male

5. Color or race white. 0

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

6. (b) Name of husband or wife Mrs Hulda Gardner.

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Feb. 12, 1895. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	10	0	hr. min.

9. Birthplace Berger Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Shoeworker.

11. Industry or business International Shoe Co.

FATHER
12. Name Larkin Gardner.
13. Birthplace Gore Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Ida Grober.
15. Birthplace Herman Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Government Records
(b) Address Vet. Adm. Fac., Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/12/42. (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Washington, Mo.

18. (a) Signature of funeral director Nieberg & Vitt Inc
(b) Address Washington, Mo. P.C. Nieberg

19. (a) DEC 13 1942 (Date received, local registrar) (b) C. S. McGarrow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12 year 1942 hour 2.55 minute P M.

21. I hereby certify that I attended the deceased from December 4 1942. 19 , to December 12 1942. that I last saw him alive on December 12 1942. and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis, generalized, acute. 8 days
Cause unk; probably due to either appendicitis, acute perforated, or perforation of rt. ureter by ureteral calculus

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None performed.
Of autopsy None.

Duration

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) No
(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 L. M. COCHRAN, M.D. (M. D. or other)
Address Chief Medical Officer. Date signed 12-12-42

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(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1945

JAN 30 1945

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 me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed A. J. Milberg

Licensed Embalmer No. 2387

P. O. Address Washington, 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.