

FILED FEB 10 1943

Registration District No. **78**

Primary Registration District No. **200**

Registrar's No. **175**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Pattonville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Weiland & Falcon Avenues
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Lilly Grace Gardner**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **George** 6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **May 19 1889**
(Month) (Day) (Year)

8. AGE: Years **53** Months **8** Days **0** If less than one day hr. min.

9. Birthplace **New Haven Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Charles C. Frasure**
13. Birthplace **New Haven Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Rena E. Davis**
15. Birthplace **New Haven Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **George L. Gardner**
(b) Address **Pattonville, Mo. Gen Del**

17. (a) **Burial** (b) Date thereof **1-22-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Lebanon Cem.**

18. (a) Signature of funeral director **Blair Ann Bess Del.**
(b) Address **2504-Woodson Rd-Overland**

19. (a) **JAN 25 1943** (b) **C. L. McSherry**
(Date received locally) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **19** 19**43**
year hour **8** minute **25 P.M.**

21. I hereby certify that I attended the deceased from **1-1-43** to **1-19** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hodgkins Disease** Duration **14 mo.**

Due to **Diagnosis made at Desloge Hospital.**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **H48**
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 **C. H. Denny** (M. D. or other) **md**
Address **Creve Coeur, Mo.** Date signed **1-21-43**

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

96
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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

License # 3767

Licensed Embalmer No. *W. G. Peterson*

P. O. Address *Overland 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.