

Dr. Williams

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33100

ED OCT 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8828

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Inf.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 408 S 41st St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years

3. (a) PRINT FULL NAME Baby Lucius Gardner

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color or race Red

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 Oct 2 1943
(Month) (Day) (Year)

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

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Harvey Gardner

13. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Mary Nicholas

15. Birthplace St. Louis Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harvey Gardner

(b) Address 408 S. 41st St. E. St. Louis Ill

17. (a) ~~Burial~~ Removal (b) Date thereof Oct 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Ill. Dan O'Connell

18. (a) Signature of funeral director J. J. Chappin

(b) Address 1578 Pruyett E. St. Louis Ill

19. (a) 96 90 36 J. F. Beckwith
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3rd
year 1943 hour 9:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Oct 2
_____, 1943 to Oct 3rd, 1943
that I last saw him alive on Oct. 2, 1943, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
emo

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 Dr. Carl Williams (M. D. or other)
Address Rayon Ill. Date signed _____

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

[Handwritten Signature]

Licensed Embalmer No.....

13518

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, above space should be left blank.