

I X38671

FILED DEC 9 1943  
Registration District No. 1818

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4131 West Pine Blvd.,  
(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)

3. (a) PRINT FULL NAME Sophia E. Gardner

3. (b) If veteran, name war..... Nil

3. (c) Social Security No..... None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife..... Obelton Gardner

6. (c) Age of husband or wife if alive..... 29 years

7. Birth date of deceased..... April 29 1866  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>6</u>	<u>26</u>	hr. .... min.

9. Birthplace Warren County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Fred Koelling

13. Birthplace Warren County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hodge

15. Birthplace Warren County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Bloedaun

(b) Address 4131 West Pine Blvd.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 11/26/43  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) NOV 26 1943  
(Date received local registrar)

(b) J F Bredack  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 525 South Main Street.,  
(If rural, give location)

(e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25  
 year 1943 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct 42 to Nov 25 1943  
 that I last saw u alive on NOV 25 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cerebral Proliferation  
Senility

Due to.....

Due to.....

Other conditions.....  
(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)

23. Signature J F Bredack (M. D. or other) MD  
 Address 6125 BARTON AVE. Date signed.....

**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.....

*John Gonoski*  
3398

Licensed Embalmer No.....

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.