No. 2
-13-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8256

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 393

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Millers Nursing Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 5 das (Specify whether

In this community 19 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12 7

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

(d) Street No. Park Hotel-1231 Olive St (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Arthur Gonder

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex male

5. Color or race white

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 Unknown (Month) Unknown (Day) 1870 (Year)

8. AGE: Years 74 Months Unknown Days Unknown If less than one day hr. min.

9. Birthplace Minersville (City, town, or county) Penn (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business

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

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

16. (a) Informant Al. Gerritzen

(b) Address 706 Chestnut St

17. (a) ~~burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 2-14-44 (Month) (Day) (Year)

(c) Place: burial or cremation Pomeroy, Ohio

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave

19. (a) FEB 15 1944 (Date received local registrar) (b) E. G. McGarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1944 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 1944, 19, to Feb 13, 1944 that I last saw him alive on Jan, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death nephritis 1 month

Due to prostatic hypertrophy

Due to & fractured hip 5 Mo. Ago.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) 10%

(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 W Hampl Nash (M. D. or other)

Address 225 Fusco Bldg Date signed 2/14/44

(Licensed Embalmer's Statement on Reverse Side)

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: Mafie A. Cashion

Licensed Embalmer No. 3948

P. O. Address: St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
DM—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8256

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 393

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Miller's Nursing Home (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 ..... (b) County .....

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

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Arthur Gander

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

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

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

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

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

7. Birth date of deceased — (Month) — (Day) 1870 (Year)

8. AGE: Years 74 Months Days If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

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

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

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	✓
Due to ✓ fracture hip	5 mo ago
Other conditions ..... (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

186a

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) accident

(b) Date of occurrence 12/8/43

(c) Where did injury occur? St Louis (City or town) (County) mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public street (Specify type of place)

While at work? on way to acc closest (e) Means of injury Fell breaking hip

23. Signature W Hampton Nash M.D. (M. D. or other) .....

Address ..... Date signed .....

WADE HAMPTON NASH, M. D.
SUITE ~~406 COMMERCIAL~~ 225 Frisco BLDG.
ST. LOUIS, MO.

May 19. 44.

Dr Jerome Stewart
Jeffrey City Mo

Dear Doctor:-

Arthur Gonder according to Hospital (St.L.) record fell on side walk on way to see client. I visited Mr Gonder on one occasion at the request of Mr Al Gerretzen his associate in law at St Louis City Hospital. At which time he was cut to bed & wheel chair with some bed sores & incontinency of urine. Feb 13. 44. I was called to the Miller Nursing Home on Gravo Ave where he passed any In my Opinion the cause of his death was nephritis. I trust this is sufficient information as it is all I can give

Yours
W Hampton Nash M.D.