

FILED MAY 13 1944

Registration District No. 131944

Primary Registration District No. 6076

Registrar's No. 1045

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Ballwin Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pine Crest Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 MO. (Specify whether

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME

Gardner, Ida

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race W.

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

6. (b) Name of husband Larkin Gardner

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

7. Birth date of deceased: Sept 23 1862  
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 11 If less than one day, hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business Caspey Groeber

12. Name Ida Gardner

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

14. Maiden name Junken

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Gardner

(b) Address Washington, Mo.

17. (a) Bureau (b) Date thereof May 7, 1944  
(Burial, cremation, or organ) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director J. B. Wittne

(b) Address Washington, Mo. B. A. C. Niburg

19. (a) MAY 6 - 1944 (b) E. J. McLawran, M.D.  
(This received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4<sup>th</sup>  
year 1944 hour 5:47 minute 9 M.

21. I hereby certify that I attended the deceased from April 22, 1944, to May 4, 1944, that I last saw her alive on May 4, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic bronchopneumonia

Due to: Cardiac decompensation (Chronic myocarditis)

Due to: senile changes

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

Major findings: Of operations \_\_\_\_\_

Of autopsy: 9321

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 ⊖  
Signature: B. R. Loving (M. D. or other) hus  
Address: Ballwin Mo. Date signed: 5-4-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 \_\_\_\_\_

*Lester H. Pitt*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Lester H. Pitt*

Licensed Embalmer No. *32254*

P. O. Address *Washington, Md*

**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.**