. No. 2
I—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16352
Registrar's No. 4860

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3121 Lambdin Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 910

(a) State Missouri (b) County
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3121 Lambdin Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME CREASIE GARDNER

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

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Unavailable (Month) Abt. 1885 (Day) (Year)

8. AGE: Years About 58 | Months -- | Days -- | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER

12. Name Green Sanders

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

14. Maiden name Belle

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

16. (a) Informant Percy Gardner
(b) Address 3121 Lambdin Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) MAY 26 1944 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th year 1944 hour 10: minute 00 A. M.

21. I hereby certify that I attended the deceased from Apr 9, 1944 to May 24, 1944 that I last saw him alive on May 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease — Duration
Due to Hypertension
Due to Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature S. E. Moore (M. D. or other)
Address 809 N. Jefferson Date signed 5/25/44

(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

Thomas J. Gabes, Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gabes

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.