

Registration District No. 317

Primary Registration District No. 3066

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
816 W. Big Bend Rd
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Albert Carl Gardner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept - 27 - 1896
(Month) (Day) (Year)

8. AGE: Years 48 Months 1 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Walters Representative

11. Industry or business Brokerage

12. Name Carl Louis Gardner

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

14. Maiden name Hellie Melsh

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

16. (a) Informant Miss Helen Gardner

(b) Address W. Big Bend Rd

17. (a) Burial (b) Date thereof 11-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Louis H. Bopp Inc

(b) Address 1515 N. Grand St, Mo

19. (a) NOV 15 1944 (b) C. S. McLauran, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. 816 W. Big Bend Rd
(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 13
year 1944 hour _____ minute 47 M.

21. I hereby certify that I attended the deceased from Jan 13, 1941
_____, 19____, to Nov 13, 1944
that I last saw him alive on Nov 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac dilatation Duration 1 day

Due to Coronary atherosclerosis 1 day

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 94 a

Of operations _____

Of autopsy _____

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) _____ (c) Means of injury _____

While at work _____

Signature C. S. McLauran, M.D. (M. D. or other) MO

Address Turkwood, Mo Date signed 11-15-44

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood Mo

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.