S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4253

Registrar's No. 1551

1. PLACE OF DEATH:

(a) County: St Louis

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

(c) Name of hospital or institution: Peoples Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 21 days (Specify whether years, months or days)

In this community: 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 17

(c) City or town: St Louis 4 6
(If outside city or town limits, write "RURAL")

(d) Street No.: 1418 Walton Ave.
(If rural, give location)

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

If yes, name country: O

3. (a) PRINT FULL NAME: Georgia Gardner

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female 3

5. Color or race: Col.

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

6. (b) Name of husband or wife: Alfred Gardner

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: August (Month) 13 (Day) 1883 (Year)

8. AGE: Years 61 | Months 5 | Days 30 | If less than one day: hr. min.

9. Birthplace: Dresten (City, town, or county) Tenn (State or foreign country) 1

10. Usual occupation: Domestic

11. Industry or business:

FATHER
12. Name: Wiley Gleason
13. Birthplace: Dresten (City, town, or county) Tenn (State or foreign country) 1

MOTHER
14. Maiden name: Margrett Bailous
15. Birthplace: Unknown (City, town, or county) ? (State or foreign country) 9

16. (a) Informant: Alfred Gardner
(b) Address: 1418 Walton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cemetery

18. (a) Signature of funeral director: Ellis Funeral Home
(b) Address: 2820 Stoddard St.

19. (a) FEB 16 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12 year 1945 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 1 1944 to Feb 12 1945 that I last saw he alive on Feb 12 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension Cardio-Vascular Disease — Duration 7 1 1

Due to:

Due to:

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

Major findings: Of operations: None

Of autopsy: No

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: [signature] M. D. or other

Address: [illegible] Date signed: [illegible]

(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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address 1215 James St Lewis 13, 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.