

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 20 1945
818

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

5977

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist Hospital
(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 Mo. (b) County 000
(c) City or town St. Louis 17 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5874 Plymouth Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ethel Gardner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ray Gardner
6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov. 3 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 8 2 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Inspector

11. Industry or business Western Cartridge Co.

MOTHER FATHER

12. Name William Fuller

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Russell

15. Birthplace Neb. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Gardner

(b) Address 5874 Plymouth Ave.

17. (a) Burial (b) Date thereof 7-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Drehmann-Harral

18. (a) Signature of funeral director _____
(b) Address 1905 Union Blvd.

19. (a) JUL 7 1945 J. F. Breder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1945 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 12 1945 to July 5 1945
that I last saw him alive on July 5 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix with metastasis to vaginal wall and probably also intra-abdominal viscera
Due to _____
Due to _____

Duration Indef
history
2 weeks
less
than
one year

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

Major findings: Of operations No operation
Of autopsy Refused

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Toland Sheffer (M.D. or other)
Address 4500 Olive Date signed 7/5/45

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.