S. No. 2
DM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31362

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 156

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 116 Twin St
(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 Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 116 Twin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MINNIE FRANKLIN GARDNER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Gardner 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June (Month) 14 (Day) 1878 (Year)

8. AGE: Years 67 Months 2 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Middleton (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Franklin Lambeth
13. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Martha Lillard
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant William Gardner
(b) Address 116 Twin Bonne Terre Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Marvin Chapel

18. (a) Signature of funeral director Benham Undertaking Co
(b) Address 313 Benham Bonne Terre Mo

19. (a) 9/18/45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8th year 1945 hour 7 minute 5 A M.

21. I hereby certify that I attended the deceased from 7-4-1943 to 9-8-1945 that I last saw her alive on 9-8-1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	24 hrs
Due to Arteriosclerosis Hypertension	
Due to Cardiovascular-renal dis (Hypertension)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 0
Of autopsy 0

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 J Wilbur M D (M. D. or other)
Address Bonne Terre, Mo Date signed 9-12-45

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

4
2
1
7

1397

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4

District File Number 1045-1201

Date Filed 10-9-45

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.