

FILED JUL 3 1946
318

Registration District No.

Primary Registration District No.

1003

Registrar's No. 5680

1. PLACE OF DEATH

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) 1325 Montgomerly
(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

3. (a) PRINT FULL NAME Charles G. Gartner

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

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive abt 1860 years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE abt 86 Months Days If less than one day hr. min.

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

10. Usual occupation unk

11. Industry or business unk

12. Name unk

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

14. Maiden name unk

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

16. (a) Informant Mrs. C. HANNAH

(b) Address 1300 Clark

17. (a) Anatomical Board Date thereof July 27 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. R. ...

(b) Address 308 ...

19. (a) JUN 27 1946 (Date received local registrar) J. F. Bredenk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 Montgomerly
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1946 hour 4 minute 40 M.

21. I hereby certify that I attended the deceased from 11/11/46 to 5/31/46

that I last saw him alive on 5/31/46 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY SCLEROSIS Duration

Due to ARTERIO SCLEROSIS

Due to 94

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

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

23. Signature J. F. Bredenk M. D. or other

Address ... Date signed ...

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.....

Licensed Embalmer No.....

P. O. Address.....

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.