V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38626

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9706

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: ST ANTHONYS Hospital
(If not in hospital or institution, write street number or location)

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

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

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

(d) Street No. 2312 So. 18th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph ALLEN GARDNER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 12 (Day) 1946 (Year)

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

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

10. Usual occupation INFANT

11. Industry or business

MOTHER FATHER

12. Name MARION FRANCIS GARDNER

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

14. Maiden name Maybelle Gibbs

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

16. (a) Informant MARION F. GARDNER

(b) Address 2312 So. 18th STREET

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-46 (Month) (Day) (Year)

(c) Place: burial or cremation St MATTHEWS Cem.

18. (a) Signature of funeral director A W McLAUGHLIN

(b) Address 2301 LAFAYETTE AVE

19. (a) NOV 14 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th year 1946 hour 5:05 minute P M.

21. I hereby certify that I attended the deceased from Nov 12, 1946 to Nov 12, 1946 that I last saw him alive on Nov 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Premature & myocardial insufficiency

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 H. G. Moore (M. D. or other)

Address 912 So 18 Date signed 11/13/46

(Licensed Embalmer's Statement on Reverse Side)

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.