

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:  
DE PAUL 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)

3. (a) PRINT FULL NAME HELEN GARDNER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 333-03-5598

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: MAR 18 1900  
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 16 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation SECRETARY

11. Industry or business NATIONAL LEAD CO.

12. Name LANCE GARDNER

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

14. Maiden name ELIZABETH BURNS

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

16. (a) Informant MRS ELIZABETH GARDNER

(b) Address 110 MAPLE AV. EDWARDSVILLE

17. (a) REMOVAL (b) Date thereof 4-5-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVERY Cem. (EDWARDSVILLE)

18. (a) Signature of funeral director RAWLAND MORTUARY

(b) Address 4355 WASHINGTON AV.

19. (a) APR 7 1947 (b) J. F. Branch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County MADISON  
(c) City or town EDWARDSVILLE  
(If outside city or town limit, write "RURAL")  
(d) Street No. 110 MAPLE ST.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 3<sup>RD</sup>  
year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-13-1947 to 4-3-47  
that I last saw him alive on 4-3-1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of breast  
Due to Metastasis to skull & spine

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

Major findings: As above

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? \_\_\_\_\_

23. Signature J. F. Branch (M. D. or other) \_\_\_\_\_  
Address 4952 W. 8th St. - 8 Date signed 4-5-47

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

no  
17  
9

9990

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**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..... *John Ketter*.....

Licensed Embalmer No..... *3880*.....

P. O. Address..... *4355 Washington*.....

**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, above space should be left blank.**