S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29052

FILED SEP 4 1947

Registration District No. 1048

Primary Registration District No. 1003

Registrar's No. 3094

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

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: 3150 A OHIO AVE
(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

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3150 A OHIO AVE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EMILIA GARTNER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN GARTNER

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

7. Birth date of deceased OCTOBER (Month) 29, (Day) 1877 (Year)

8. AGE: Years 69 | Months 9 | Days 24 | If less than one day hr. min.

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

10. Usual occupation HOUSEWORK

11. Industry or business AT HOME

FATHER
12. Name UNKNOWN STREICHER
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN GAUS
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant CLARA LEE

(b) Address 3150 A OHIO AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 27, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER + PAUL CEM.

18. (a) Signature of funeral director Wm J. ROBERT L + U. Co

(b) Address 1905 So. GRAND BLVD

19. (a) AUG 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 23 year 1947 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug 1, 19 to Aug 23, 1947; that I last saw her alive on Aug 23, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis Ch. nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 R Berg (M. D. or other) MD

Address 2253 Nebraska Date signed 8/25/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis, 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.