

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2688**
Registrar's No. **129**

FILED JAN 19 1949

318

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 129		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 4615 Pope Ave		
d. FULL NAME OF HOSPITAL OR INSTITUTION En Route to City Hospital				d. STREET ADDRESS (If rural, give location) 4615 Pope Ave				
3. NAME OF DECEASED (Type or Print) Philip Gander			a. (First) _____ b. (Middle) _____ c. (Last) Gander			4. DATE OF DEATH (Month) (Day) (Year) 1-5-1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 7-31-1895		
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Gas Fitter			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Philip Gander			13b. MOTHER'S MAIDEN NAME Margaret Lorenz			14. NAME OF HUSBAND OR WIFE Elsie Gander Deceased		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 498-05-0990		17. INFORMANT'S SIGNATURE OR NAME Elsie Gander		ADDRESS 4615 Pope Ave		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 5 years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis - myocardial infarction				DUE TO (b) He had had the same accident 5 y. ago -				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Presenile arteriosclerotic				
II. OTHER SIGNIFICANT CONDITIONS thrombotic syndrome in peripheral arteries, especially in both femoral								
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION arteries which caused intermittent claudication and was found at operation done previously.				AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE J. B. Berner, M.D.				23b. ADDRESS 919 N. Taylor Mo. Baptist Hospital		23c. DATE SIGNED 1-5-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-8-1948		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) Apiton Mo Missouri		
DATE REC'D BY LOCAL REG. JAN 6 1949		REGISTRAR'S SIGNATURE J. B. Berner		25. FUNERAL DIRECTOR'S SIGNATURE Ziezenhans Bus ADDRESS 6409 Gravois Ave				

WRITE PLAINLY—USING 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 _____

..... Student Embalmer No.
working under my personal supervision.

Signed
Student Embalmer

Signed Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St Louis

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.