

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2689
Registrar's No. 361

#80073
FILED JAN 29 1949

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		d. STREET ADDRESS (If rural, give location) <i>1729 Volman Street</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1</i>				3. NAME OF DECEASED a. (First) <i>GEORGE</i> b. (Middle) <i>GANTNER</i> c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 12th, 1949</i>		5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	
8. DATE OF BIRTH <i>Mar. 7-1883</i>		9. AGE (In years last birthday) <i>65</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Manufacturer</i>		11. BIRTHPLACE (State or foreign country) <i>Bellefonte, Ill.</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>T.R.R.A.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>Nicholas Gantner</i>	
13b. MOTHER'S MAIDEN NAME <i>Rose Stallik</i>		14. NAME OF HUSBAND OR WIFE <i>Leon</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Leon Gantner</i>		ADDRESS <i>2215 Arsenal Street</i>		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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>semile arterio sclerotic nephrosclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>syphtilia, meningococci</i>				DUE TO (c) <i>illness 30y</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Psychosis - cerebral arterio sclerosis</i>				<i>3 mos</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>hypertens, meningovascular</i>		20. AUTOPSY? YES <input 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) (Min.)		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 <u>11/17/48</u> , 19 <u>48</u> , to <u>1/12/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1/12/49</u> , 19 <u>49</u> , and that death occurred at <u>10:40AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Paul M. Lodinell M.D.</i>				23b. ADDRESS <i>1515 Lafayette Ave.,</i>		23c. DATE SIGNED <i>1/12/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>1-14-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Walnut Hill</i>		24d. LOCATION (City, town, or county) (State) <i>Bellefonte, Illinois</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>J. B. Fosater</i>		25. EMERAL DIRECTOR'S SIGNATURE <i>A. S. McLaughlin</i>		ADDRESS <i>230 Lafayette</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

A W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.