

FILED JAN 19 1949

STANDARD CERTIFICATE OF DEATH

2692
State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **180**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5034 Queens Ave			d. STREET ADDRESS (If rural, give location) 5034 Queens Ave		
3. NAME OF DECEASED (Type or Print) Roy J. Gardner			4. DATE OF DEATH (Month) (Day) (Year) January 6 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec 14 1887		9. AGE (In years last birthday) 61		10. IF UNDER 1 YEAR Months 0 Days 22	
11. BIRTHPLACE (State or foreign country) Ofallon Ills		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Frank Gardner		13b. MOTHER'S MAIDEN NAME Augusta Brattner		14. NAME OF HUSBAND OR WIFE Mabel Gardner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 333-03-1300		17. INFORMANT'S SIGNATURE OR NAME Mabel Gardner	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, chronic ANTECEDENT CAUSES Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1-? -?
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 Dec 16, 1947 , to Jan 6, 1949 , that I last saw the deceased alive on Jan 5, 1949 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Oliver G. McJannet, M.D.		23b. ADDRESS 5014 Thelma Av. Shouse		23c. DATE SIGNED 1/7/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE January 10 1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F Feutz			
DATE REC'D BY LOCAL REG. JAN 7 1949		REGISTRAR'S SIGNATURE J. B. Casate		ADDRESS 4828 Nat Bridge Blvd	

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.

Student
Student Embalmer

Signed *John A. Mlinar*

Licensed Embalmer No. *4186*

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.