

FILED FEB 28 1949 STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

State File No. **6188**  
Registrar's No. **1357**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1357</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>020</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>Lifetime</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Faith Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3502 N. Broadway</b>			
3. NAME OF DECEASED a. (First) <b>Mayme</b> (Type or Print)			b. (Middle) <b>May</b>		c. (Last) <b>Gardner</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 11, 1949</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>May 17, 1889</b>		9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas Gardner</b>			13b. MOTHER'S MAIDEN NAME <b>Ida Doak</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>492-16-0550</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ed. Diedrich 4014 N. 9 Street</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION <b>1337</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>				DUE TO (b) <b>Left peri-renal abscess</b>			<b>Undetermined</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>Pyelitis, pyelonephritis</b>			<b>Undetermined</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>Non-calculous</b>			
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) (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 <b>2/5</b> , 19 <b>49</b> , to <b>2/11</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>2/11</b> , 19 <b>49</b> , and that death occurred at <b>5:40 p m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Mary N. Bierman M.D.</b>				23b. ADDRESS <b>1126 St. Louis Ave</b>		23c. DATE SIGNED <b>2/12/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 14, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, MO/</b>	
DATE REC'D BY LOCAL REG. <b>FEB 12 1949</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Suedmeyer &amp; Son's 3934 N. 20 Street</b>			

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 *Neville D. E. Kuchwetter*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3696

P. O. Address 15 4102 N. 58th St.

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.