

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14392

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BIRTH NO. _____ REG. DIST. NO. 817 PRIMARY REG. DIST. NO. 3064 Registrar's No. 678

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis Co.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Oak Knoll Nursing Home 4		d. STREET ADDRESS (If rural, give location) 6639 Pershing Ave. 15	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) W.	
c. (Last) GARTSIDE.		4. DATE OF DEATH (Month) (Day) (Year) March 18, 1949	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 18, 1855
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months	IF UNDER 1 WEEK Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Glenco Lime Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Gartside	
13b. MOTHER'S MAIDEN NAME Caroline Orme		14. NAME OF HUSBAND OR WIFE Katie Ritter Gartside	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Katie Ritter Gartside		ADDRESS 6639 Pershing Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 1 month	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular renal disease		1 year	
DUE TO (c) 442A			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1) Blind 2) Emphysema 1316			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1) Blind 4) Emphysema	
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 Sept 19, 1948 , to March 18, 1949 , that I last saw the deceased alive on March 15, 1949 , and that death occurred at 3:25 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Leivis Littmann MD		23b. ADDRESS 8231 Clayton Rd (17)	
23c. DATE SIGNED 3/19/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 21, 1949	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery, St. Louis, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 3-21-49		REGISTRAR'S SIGNATURE Richard L. Lupton, MD	
25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons		ADDRESS 7233 Delmar Blvd; U.C.	

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.

Signed Arnold W. Schoene

Signed _____
Student Embalmer

Licensed Embalmer No. 3864

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.