

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **18074**
3148
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) less than 24 hrs		d. STREET ADDRESS (If rural, give location) 2349a Park Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. L. City Hosp. #1.			

3. NAME OF DECEASED (Type or Print) a. (First) EDWIN b. (Middle) JOE c. (Last) GANDER			4. DATE OF DEATH (Month) (Day) (Year) June 2 1951		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	
8. DATE OF BIRTH Feb. 24, 1890		9. AGE (In years last birthday) 61		10. CITIZEN OF WHAT COUNTRY? U	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance man		10b. KIND OF BUSINESS OR INDUSTRY Socony-Vacuum		11. BIRTHPLACE (State or foreign country) St. Louis Missouri	

13a. FATHER'S NAME Ambrose Gander		13b. MOTHER'S MAIDEN NAME Helen ?		14. NAME OF HUSBAND OR WIFE Winifred	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Winifred Gander	
				ADDRESS 2349a Park Avenue	

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.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aneurysm Left Ventricle DUE TO (c) Chronic Myocarditis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Coronary Sclerosis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201	

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 **10:15 A.M., from the causes and on the date stated above.**

23a. SIGNATURE Patrick E. Taylor (Degree or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6.4.51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-5-51		24c. NAME OF CEMETERY OR CREMATORY Mount Hope	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	

DATE REC'D BY LOCAL REG. JUN 4 1951		REGISTRAR'S SIGNATURE J. B. Lanter		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin	
				ADDRESS 2301 Lafayette Avenue	

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.....

R. P. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2317 Robyette*

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.