

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18080**
4620
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 institution.) a. STATE Missouri b. COUNTY St. Louis	
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 Clayton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 6322 N. Rosebury	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) S. c. (Last) GARDNER			4. DATE OF DEATH (Month) (Day) (Year) May 15, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 17, 1906	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 5 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President - St. Louis Shoe Co.		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Shoe Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Jacob Gardner	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Goldye Gardner
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 ADDRESS Mrs. C. S. Gardner-6322 N. Rosebury

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, asthenia, 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) Cancer of urinary bladder		1 yr.
	ANTECEDENT CAUSES Morbid 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. Coronary heart disease		5 years	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 181X

22. I hereby certify that I attended the deceased from 1948 to May 15, 1951, that I last saw the deceased alive on May 15, 1951, and that death occurred at 121 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE May S. Traublin M.D.	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 5/16/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/17/51	24c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol Cem.
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5216 Delmar	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 17 1951	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5216 Delmar	

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 Ketter
Licensed Embalmer No. *3880*

P. O. Address.....

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.