

No. 300  
10. 48

FILED MAR 18 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11121

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 103

4005

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HEIGHTS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY 4336</u>	
c. LENGTH OF STAY (in this place) <u>7 WEEKS</u>		d. STREET ADDRESS (If rural, give location) <u>6641 PERSHING AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DOROTHY</u> b. (Middle) <u>IRENE</u> c. (Last) <u>GANTNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 13 - 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 5 - 1905</u>
9. AGE (In years last birthday) <u>46</u>		10. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>INDIANNA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		12. CITIZEN OF WHAT COUNTRY? <u>INDIANNA</u>	
13a. FATHER'S NAME <u>MORTON C. ANDREWS</u>		13b. MOTHER'S MAIDEN NAME <u>LIZZIE M. MENEFFEE</u>	
13c. NAME OF HUSBAND OR WIFE <u>GEORGE E. GANTNER</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE E. GANTNER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknowns) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George E. Gantner</u>		17. ADDRESS <u>6641 Pershing Ave.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		II. OTHER SIGNIFICANT CONDITIONS		4 weeks	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		1 year?	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Malignant Hypertension</u>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 15, 1951, to Jan 13, 1952, that I last saw the deceased alive on Jan 13, 1952, and that death occurred at 6:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>LaRussella O. M. D.</u> (Degree or title)	23b. ADDRESS <u>3720 Washington</u>	23c. DATE SIGNED <u>1/14/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/16/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u>
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DATE REC'D BY LOCAL REG. <u>1-15-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	FUNERAL DIRECTOR'S SIGNATURE <u>L. MULLEN UND</u>	ADDRESS <u>COIN 5165 DELMAR</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Ben Hoffman*

Licensed Embalmer No. *4366*

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.