

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22017

State File No.

JUL 9 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5962**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo 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 Mo 2269	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 26 2608 a N 11 St	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) B c. (Last) Gardner			4. DATE OF DEATH (Month) (Day) (Year) 6 24 52		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-7-1888	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days 6 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Adrian County	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Arelues Gardner	13b. MOTHER'S MAIDEN NAME Sarann Phenix	14. NAME OF HUSBAND OR WIFE Anna Gardner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 186-18-5566	17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Gardner	ADDRESS 2608 a N 11 St
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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) Peritonitis, General.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dissecting Aortic Aneurysm with Rupture.		10 days
		DUE TO (c) Atelectasis of Rt. lung.		5 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Ruptured Dissecting Aortic Aneurysm with general Peritonitis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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? 578X
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22. I hereby certify that I attended the deceased from **6-16**, 19**52**, to **6-24**, 19**52**, that I last saw the deceased alive on **6-24**, 19**52**, and that death occurred at **9 a m.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. ...	(Degree or title) 19 D.	23b. ADDRESS 508 14 Grand	23c. DATE SIGNED 6-25-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-26-52	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Co
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DATE REC'D BY LOCAL REG. JUN 26 1952	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Goodhart-Goodhart	ADDRESS 2228 St. Louis, Av
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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

J. W. M. Binkley

Licensed Embalmer No.

3653

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.