No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29474

REG. SEP 3 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7926

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 3
c. LENGTH OF STAY (In this place) 49 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Scullin Steel Company

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 6 4753 Cupples Pl

3. NAME OF DECEASED (Type or Print)
a. (First) Charles b. (Middle) W. c. (Last) Gardner

4. DATE OF DEATH (Month) (Day) (Year) August 15 1952

5. SEX Male 2

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 7/11/1881

9. AGE (In years last birthday) 71 | If under 1 year: Months 1, Days 4 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Scullin Steel C.

11. BIRTHPLACE (City and State or Foreign Country) Ramer, Tennessee

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME George Gardner

13b. MOTHER'S MAIDEN NAME Emma (Unknown)

14. NAME OF HUSBAND OR WIFE Elizabeth Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Elizabeth Gardner **ADDRESS** 4753 Cupples

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Body badly mangled, suffered when deceased was run over by train of

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Scullin Steel Co., operated by Walter Suddeth (Col.) engineer, and Frank Rilby (Col.) fireman in yards of Scullin Steel Co.,

DUE TO (c) about 11:58 A.M., Aug. 15, 1952.

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* ACCIDENT

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? auto E800X

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 11:58 A.M., from the causes and on the date stated above.* 35

23a. SIGNATURE Joseph McLean Coroner 3 (Degree or title)

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 8/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 8/21/52

24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

24d. LOCATION (City, town, or county) St. Louis, (State) Missouri

DATE REC'D BY LOCAL REG. AUG 20 1952

REGISTRAR'S SIGNATURE J. Carl Smith MD MBC

25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates **ADDRESS** 4107 Finney Ave.

(Licensed Embalmer's Statement on Reverse Side)

SEP 5 1957

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 _____

Licensed Embalmer No. 1825

P. O. Address 1107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.