No. 300
10.48

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3117

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1199

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2129
d. STREET ADDRESS (If rural, give location): 12 5051 Cabanne Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): HAROLD
b. (Middle):
c. (Last): GARDNER

4. DATE OF DEATH (Month) (Day) (Year): Jan. 31 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: 9 - 20 -1900
9. AGE (In years last birthday): 52
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Mercantile
11. BIRTHPLACE (City and State or Foreign Country): Poplar Bluff, Missouri C
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel Gardner
13b. MOTHER'S MAIDEN NAME: Sadie Turner
14. NAME OF HUSBAND OR WIFE: Edna 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.: none
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Nellie G. Toney, 5051 Cabanne Ave.

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) Chronic myocarditis c̄ myocardial — Interval between onset and death: 1945x

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) degeneration — 1945x
DUE TO (c) General Paralysis of the insane — 1945x

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 ☐ 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? 025X

22. *I hereby certify that I attended the deceased from* May 21 1945, *to* Jan. 31, 1953, *that I last saw the deceased alive on* Jan. 31, 1953, *and that death occurred at* 9:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. K. Bunch, M.D.
23b. ADDRESS: 5400 Clemens
23c. DATE SIGNED: 2/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/3/53
24c. NAME OF CEMETERY OR CREMATORY: Lake Charles
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: FEB 2 1953
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Drehmann-Harral 1905 Union Blvd.

E.P. (Licensed Embalmer's Statement on Reverse Side)

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 Albert R. Thompson Jr.

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.