

FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

40470

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10772**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (In this place township) <b>5 Hours</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carsonville</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hospital</b>			d. STREET ADDRESS <b>8708 Alva</b>								
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>			b. (Middle) <b>Gardella</b>			c. (Last) <b>Gardella</b>					
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov II 1953</b>			5. SEX <b>Female</b>			6. COLOR OR RACE <b>White</b>					
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			8. DATE OF BIRTH <b>Dec I 1888</b>			9. AGE (In years last birthday) <b>64</b>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home Maker</b>			11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>					
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			13a. FATHER'S NAME <b>Thomas Kent</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Ryan</b>					
14. NAME OF HUSBAND OR WIFE <b>James Gardella</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO. <b>None</b>					
17. INFORMANT'S SIGNATURE OR NAME <b>James Gardella</b>			ADDRESS <b>8708 Alva</b>								
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, asphyxia, 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) <b>Coronary Vasculer accident</b>									<b>4 hours</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Atherosclerosis</b>											
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.			21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>331X</b>					
22. I hereby certify that I attended the deceased from <b>11/27, 1951</b> , to <b>11/11, 1953</b> , that I last saw the deceased alive on <b>12 noon, 1953</b> , and that death occurred at <b>2:40 P. m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>James A. Hutchinson M.D.</b>			23b. ADDRESS <b>114 North Taylor</b>			23c. DATE SIGNED <b>11/25/53</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24b. DATE <b>Nov 14 53</b>			24c. NAME OF CEMETERY OR CREMATORY <b>Galvary</b>					
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>			24e. FUNERAL DIRECTOR'S SIGNATURE <b>Charles Smith M.D. Cullen Kelly</b>			ADDRESS <b>7267 Midway</b>					
DATE REC'D BY LOCAL REG. <b>NOV 13 1953</b>			REGISTRAR'S SIGNATURE <b>Charles Smith M.D. Cullen Kelly</b>			REGISTERED EMBALMER'S SIGNATURE <b>Charles Smith M.D. Cullen Kelly</b>					
(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

*James A. Lamme*

Licensed Embalmer No.

*4142*

P. O. Address

*St. Louis*

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

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