.S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40474

FILED NOV 19 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10372

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Johns Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY 2069
c. CITY OR TOWN St Louis Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location) 6 1331 Laurel Ave

3. NAME OF DECEASED (Type or Print) a. (First) DOROTHY b. (Middle) M c. (Last) GARTLAND

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

5. SEX F 1

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M 1

8. DATE OF BIRTH April 21 1917

9. AGE (In years last birthday) 36 | If under 1 year: Months 6, Days 10 | If under 24 hrs.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo

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

13a. FATHER'S NAME John J. Dunn

13b. MOTHER'S MAIDEN NAME Annie Galvin

14. NAME OF HUSBAND OR WIFE Arthur Gartland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Arthur Gartland **ADDRESS** 1331 Laurel 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) Acute Monocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 2 1/2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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 None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No

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?

2042

22. *I hereby certify that I attended the deceased from* 10-28, 1953, *to* 10-31, 1953, *that I last saw the deceased alive on* 10-31, 1953, *and that death occurred at* 4:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE John J Hammond M.D. (Degree or title)

23b. ADDRESS 634 N. Grand

23c. DATE SIGNED 11/2/53

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

24b. DATE Nov 4 1953

24c. NAME OF CEMETERY OR CREMATORY Bellevue Cem

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

DATE REC'D BY LOCAL REG. NOV 2 1953

REGISTRAR'S SIGNATURE J Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE Walter H Barklage **ADDRESS** 6536 Clayton Rd.

(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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John J. Hines

Licensed Embalmer No. 4108

P. O. Address St Louis M

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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