

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25485

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>1570</u>	
1. PLACE OF DEATH a. COUNTY <u>University City, MO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY OR TOWN <u>St. Louis, MO</u>		c. CITY OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>St. Louis, Mo.</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4380 Pershing Ave</u>				e. STREET ADDRESS <u>1237 N. Taylor</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u>			b. (Middle) <u>Gardner</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>6-23-54</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>April 8 1894</u>		9. AGE (In years last birthday) <u>60</u> <u>2</u> <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <u>Labourer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unk.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sycamore La.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Gardner</u>			13b. MOTHER'S MAIDEN NAME <u>Patsy Hooper</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Gardner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Gardner</u> ADDRESS <u>1237 N. Taylor Av.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardi</u> DUE TO (c) <u>vascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>unk.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>30 March 54</u> to <u>23 June 54</u> , that I last saw the deceased alive on <u>22 June 1954</u> , and that death occurred at <u>10 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>3524 Franklin Ave.</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>6-30-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO.</u>	
DATE REC'D BY LOCAL REG. <u>6/29/54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.L. Beal Und. Co</u>		ADDRESS <u>4303 Delmar</u>	

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.....
Signature of Student Embalmer

Signed *Daniel W. Hughes*

Licensed Embalmer No. *480*

P. O. Address *3123 Rm*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.