

XC-2388727

FILED FEB 18 1957

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFFERSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (In this place) 16 1/2 DAYS	c. CITY OR TOWN HILLSBORO		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 VETERANS ADMINISTRATION HOSP.			e. STREET ADDRESS (If rural, give location) ROUTE #1		
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) F. c. (Last) GARDNER			4. DATE OF DEATH (Month) (Day) (Year) 1-22-57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-10-79	9. AGE (In years last birthday) 77	# UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work, done during most of working life, even if retired) ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and State or Foreign Country) SPARTA, ILL.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CHARLES GARDNER		13b. MOTHER'S MAIDEN NAME MARGARET EDWARDS		14. NAME OF HUSBAND OR WIFE LOIS GARDNER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 9-25-09 7-1-01		16. SOCIAL SECURITY NO. 702-10-2674	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VET. ADM. HOSPITAL RECORDS, JEFF. BRKS. MO.		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE BRONCHOPNEUMONIA 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. CHRONIC BRONCHIECTASES			INTERVAL BETWEEN ONSET AND DEATH Undetermined
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491x			20. AUTOPSY? YES <input checked="" 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) VA		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 8-14-56 , 19___, to 1-22-57 , 19___, and that death occurred at 8:00 Pm. , from the causes and on the date stated above.					
23. SIGNATURE H. Westphalinger		23b. ADDRESS 915 N. Grand VAH, ST. LOUIS, MO.		23c. DATE SIGNED 1-23-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/25/57	24c. NAME OF CEMETERY OR CREMATORY National Cem.	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri	
DATE RECD BY LOCAL REG. 1-24-57		REGISTRAR'S SIGNATURE Herbert R. Donk		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Fendler's Mortuary 5611 S Grand Bl.	

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 *Harry J. Schermerhorn*
Licensed Embalmer No. *267*

P. O. Address *5611 1 St*

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.