

FILED JUN 26 1957

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5658</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JEFFERSON</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS Mo</b>		c. LENGTH OF STAY (in this place) <b>Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>IMPERIAL</b>		<b>0500</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>DEACONESS HOSPITAL 29</b>				d. STREET ADDRESS (If rural, give location) <b>Route 1 Box 425</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>EMMA</b> b. (Middle) <b>GARTNER</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>June 16 1957</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>MAR. 18 1890</b>			
9. AGE (in years last birthday) <b>67</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Mo., U.S.A.</b>			
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			13a. FATHER'S NAME <b>ROBERT DOWELL</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH CRECCH</b>		14. NAME OF HUSBAND OR WIFE <b>WALTER GARTNER</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>WALTER GARTNER</b>			ADDRESS <b>IMPERIAL Mo</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes mellitus 4201</b>				INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) _____		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 <b>Oct 1954</b> , 19____, to <b>present</b> , 19____, that I last saw the deceased alive on <b>6-16</b> , 19 <b>57</b> , and that death occurred at <b>9 P m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Robert C. Hagedorn</b>				(Degree or title) <b>MO</b>		23b. ADDRESS <b>14 FORSYTH WALK, Clayton 5, Mo.</b>		23c. DATE SIGNED <b>6-17-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>JUNE 19 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NEW ST. MARCUS</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>			
DATE REC'D BY LOCAL REG. <b>JUN 18 '57</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutes 2906 Grandis</b>				

14 Young St. W. A. E.

Pa 5-2800

230 St. S. Mon or Tue

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 O. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Lewis*

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.