

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020516

FILED VS JUN 8 1960

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 116

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Saint Charles</u>		Length of stay in 1b <u>40 yrs.</u>		c. CITY OR TOWN <u>Machens</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Chas. Nursing Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Catherine</u> Middle <u>M.</u> Last <u>Gardner</u>				4. DATE OF DEATH Month <u>May</u> Day <u>31</u> Year <u>1960</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 29, 1884</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>2</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>		11. BIRTHPLACE (City and state or country) <u>Black Walnut, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry Hunerbrinker</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Moellering</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Gardner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Earl T. Gardner, Portage des Sioux, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Chronic Bronchitis</u>				?		
		DUE TO (c) <u>Purpura Neurotoxic</u>				?		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u> <u></u> <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <u>May 27, 1960</u> to <u>May 31, 1960</u> and last saw her/him alive on <u>May 31, 1960</u> Death occurred at <u>1235 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>J. J. [Signature]</u> (Degree or title)				22b. ADDRESS <u>St. Charles, Mo.</u>		22c. DATE SIGNED <u>June 1, 1960</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 3, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		23d. LOCATION (City, town, or county) <u>Orchard Farm, Mo.</u> (State)			
24. FUNERAL DIRECTOR <u>H.C. Dallmeyer & Sons Co., St. Charles, Mo.</u> ADDRESS				25. DATE REC'D. BY LOCAL REG. <u>JUN 1 - 60</u>	26. REGISTRAR'S SIGNATURE <u>Maree Wilson</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 24 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Klaus R. Amal

Licensed Embalmer No. 480

P. O. Address St. Ch

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.