

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010817
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3352

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST LOUIS</u>		Length of stay in 1b <u>2 Days</u>	c. CITY OR TOWN <u>LEMAY</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST ANTHONY Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4019 SOUTHERN AIRE DR</u>

3. NAME OF DECEASED (Type or print) First <u>MARTHA</u> Middle <u>B.</u> Last <u>GARDNER</u>			4. DATE OF DEATH Month <u>APRIL</u> - Day <u>6</u> - Year <u>1961</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-13-1878</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>24</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>HOME</u>	11. BIRTHPLACE (City and state or country) <u>VIRGINIA</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>PETER CARRICUFF</u>		13b. MOTHER'S MAIDEN NAME <u>MARY LOUISE GETTS</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER GARDNER</u> <u>DECEASED</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 <u>THELMA GEARY</u> Address <u>4019 SOUTHERN AIRE DR LEMAY 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) cerebral hemorrhage rt. side
arteriosclerosis generalized
DUE TO (b) _____
DUE TO (c) 331x

INTERVAL BETWEEN ONSET AND DEATH 10yrs

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY
Hour _____ a.m. _____ p.m.
Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>LEMAY MO</u>	COUNTY _____ STATE _____
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21. I attended the deceased from 1953 to death and last saw her/him alive on April 6, 1961
Death occurred at John G. Kallett M.D. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John G. Kallett M. D.</u>	22b. ADDRESS <u>2623 Telegraph ?</u>	22c. DATE SIGNED <u>4-9-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>APR-10-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mr Hope Cem</u>	23d. LOCATION (City, town, or county) (State) <u>LEMAY MO</u>
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24. FUNERAL DIRECTOR <u>FEV FUNERAL HOME MEHLVILLE MO</u>	25. DATE RECD. BY LOCAL REG. <u>APR 9 1961</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 Gustav W. Jutule

Licensed Embalmer No. 4329

P. O. Address St Louis Mo

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.