MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-016800
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4377

FILED MAY 10 1962

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY
c. CITY OR TOWN St Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 3211 Vista (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First John Middle A Last Gardner
4. DATE OF DEATH Month 4 Day 25 Year 1962
5. SEX male
6. COLOR OR RACE negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-17-1910
9. AGE (last birthday) 52
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Tenn
12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME Elbridge Gardner
13b. MOTHER'S MAIDEN NAME Ida
14. NAME OF HUSBAND OR WIFE viola Gardner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service
16. SOCIAL SECURITY NO.
17. INFORMANT viola Gardner Address 3211 Vista

18. CAUSE OF DEATH (Enter only one cause per line for PART I.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gunshot wound of brain with hemorrhage and laceration of the brain; Generalized peritonitis.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ~~suffered when shot with (rifle)~~ in home by one
DUE TO (c) Charles Gardner about 9:00 P.M. on April 6th 1962.
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Criminal Homicide
98/X
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above
20c. TIME OF INJURY Hour 9:00 a.m. p.m. Month, Day, Year 4-6-62
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION St Louis COUNTY STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph M Zurn (Degree or title) Deputy
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 4-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 4-30-1962
23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery
23d. LOCATION (City, town, or county) (State) Berkeley Mo

24. FUNERAL DIRECTOR Thomas Jackson ADDRESS 2741 Dickson
25. DATE RECD. BY LOCAL REG. APR 27 1962
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

MEDICAL CERTIFICATION

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	218		7-
3			
4	2		
5	1		
6			
7	1		
8	1		
9			
10			
11			
12	75-3		
13			

75

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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_____ Signed Leroy H. Bannister

Signature of Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

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.