

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30869  
7932  
Registrar's No.

Registration District No. 14 1339

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County 1  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 9/2/39  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Carrie Gillespie 421  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 1, 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
10. Usual occupation nil

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Williams Gordons  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Hylie?  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Bessie Bell  
(b) Address 1722 Goode Ave.  
17. (a) Columbia, Tenn. (b) Date thereof 9-17-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Columbia, Tenn.  
18. (a) Signature of funeral director W.C. Gordon  
(b) Address 2649 Belmont Blvd.  
19. (a) SEP 14 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1722 Goode  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12  
year 1939 hour 1 minute 40 A. M.  
21. I hereby certify that I attended the deceased from Sept. 2, 1939  
\_\_\_\_\_, 19\_\_\_\_, to Sept. 12, 1939, 19\_\_\_\_;  
that I last saw her alive on Sept. 12, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease Duration 8-10 yrs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Old Cerebral accident 9 mos  
(Includes pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature H. J. Lyman (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed 9/13/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

*Wm Claude Gordon*, Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Wm Claude Gordon*

Licensed Embalmer No... *3489*

P. O. Address... *2649 Delmar 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 this body is not embalmed, above space should be left blank.