

3 26 1940
 S. No. 2
 1-11-10-39
 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **8058**
 Registrar's No. **400**

Registration District No. **784** Primary Registration District No. **101**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Clayton**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis County Hospital
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution **4 days** (Specify whether
 In this community **25 years** (Specify whether
 years, months or days)

8. (a) PRINT FULL NAME **Cynthia Gordon** **635**
 3. (b) If veteran, name war **?** 3. (c) Social Security No. **?**

4. Sex **female** 5. Color or race **colored** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **George M. Gordon** 6. (c) Age of husband or wife if alive **?** years
 7. Birth date of deceased **Jan. 8 1890**
 (Month) (Day) (Year)

8. AGE: Years **50** Months **06** Days **16** If less than one day hr. min.

9. Birthplace **St. Louis Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **nil.**

11. Industry or business **1**

12. Name **Sam Boone Shelton**

13. Birthplace **Troy Mo.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Strange**

15. Birthplace **Unknown La.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **George M. Gordon**

(b) Address **Scott & Jones**

17. (a) **Burial** (b) Date thereof **2-27-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Boyd B. ...**

(b) Address **Lis a ...**

19. (a) **FEB 26 1940** (b) **R. Meyer ...**
 (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **St. Louis**
 (c) City or town **S. Kinloch**
 (If outside city or town limits, write "RURAL.")
 (d) Street No. **0 Scott Ave.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **24**
 year **1940** hour **11** minutes **20 P. M.**

21. I hereby certify that I attended the deceased from **2-20-40**
 _____, 19____, to **2-24-40**, 19____;
 that I last saw h **er** alive on **2-24-40**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Infarct
Coronary atherosclerosis
 Due to **Hypertension-Heart disease**
 Due to **Arterio Sclerosis**
 Other conditions (Include pregnancy within 3 months of death) **Arterio Sclerosis**

Duration
1 yr
4 days
1 yr
 ?
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations **59**
 Of autopsy _____

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 **Maurice S. Murphy** (M. D. or other) **140**
 Address **St. Louis County Hospital** Date signed **2/20/40**

WRITE PLAINLY—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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.