

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37470
Registrar's No. 9743

Registration District No. 791 Primary Registration District No. 1003

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4114 Shreve Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Winifred Gordon.

9. (b) If veteran, name war. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Michael Gordon 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased June 30 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Tuan Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Thomas Vahey

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Turner
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Gordon
(b) Address 4114 Shreve Ave.

17. (a) Burial (b) Date thereof 11-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Bldg.

19. (a) NOV 27 1940 (b) J. J. Kennedy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4114 Shreve Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 26
year 1940 hour 4 minute 0 A.M.

21. I hereby certify that I attended the deceased from May 1928
to Nov. 26 1940
that I last saw her alive on 11/26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
arteriosclerosis

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 J. J. Kennedy (M. D. or other)
Address 3118 So. Grand Date signed 11/27/40

Duration

5 yrs
5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

Fred Frick

Licensed Embalmer No. 3186

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 this body is not embalmed, above space should be left blank.