o. 2
13-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 627
627

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Rural 999
(c) City or town Sparta Rural 41 (If outside city or town limits, write "RURAL")
(d) Street No. Sparta Ill Rural #40 (If rural, give location) N.R.
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Doris Gordon

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 11 (Month) 19 (Day) 1926 (Year)

8. AGE: Years 14 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Sparta (City, town, or county) Ill. (State or foreign country)
10. Usual occupation School girl
11. Industry or business
FATHER 12. Name Paul Gordon
13. Birthplace Sparta (City, town, or county) Ill. (State or foreign country)
MOTHER 14. Maiden name Lydia Gardner
15. Birthplace Sparta (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Josephine Hatridge
(b) Address 431 Gibson
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-21-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sparta Ill
18. (a) Signature of funeral director Walker Funeral Home
(b) Address Sparta Ill.
19. (a) JAN 21 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20 year 1941 hour 2: minute 05 a.m.
21. I hereby certify that I attended the deceased from 5/14/40, 19..., to 1/20, 19 41; that I last saw h er alive on 1/19/41, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	5 days
Due to: Causative organism	Uncertain
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic glomerular nephritis	Uncertain

Major findings:
Of operations
Of autopsy No autopsy.

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. J. Brown (M.D. or other) MD
Address 1325 S Grand Date signed 1/20/41

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 1941

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.