

FILED MAY 19 1942

791

STANDARD CERTIFICATE OF DEATH

1003

State File No.

Registrar's No. 4214

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 days
In this community. 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County
(c) City or town. St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4357 Cozens
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Houston Gordon

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Col. 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. March 25 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 1 12 hr. min.

9. Birthplace. Connersville, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation. Broom Maker

11. Industry or business. Commission for Blind

12. Name. Unknown

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

14. Maiden name. Unknown

15. Birthplace. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant. Mary Ford
(b) Address. 909 N. Taylor Ave.

17. (a) Burial (b) Date thereof. 5/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Washington Park

18. (a) Signature of funeral director. Dement & Son
(b) Address. 2629-31 Cole Street

19. (a) MAY 12 1942 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7,
year 1942 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from May 2,
1942 to May 7, 1942
that I last saw him alive on May 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Chr. Glomerular Nephritis
Hypertension

Due to.
Due to.

Other conditions. 1/3/42
(Include pregnancy within 3 months of death)

Major findings: 1/3/42
Of operations.
Of autopsy.

Duration
Unknown
"
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?

While at work? (Specify type of place) (e) Means of injury. 0

23. Signature. J. W. Johnson (M. D. or other)
Address. 2601 Whittier Date signed 5/9/42

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 Arthur L. Hilliard
Licensed Embalmer No. 4221
P.-O. Address 2649th Delmar

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, fact should be so stated above.