S. No. 2
M—1-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22254

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 1350

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 145 Helfenstein / Webster Groves (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 17 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis 96
(c) City or town Webster Groves (If outside city or town limits, write "RURAL") 7
(d) Street No. 145 Helfenstein (If rural, give location) 4
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Zelle Porter Gordon

3. (b) If veteran, name war No.
3. (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 CHARLES A. GORDON
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March (Month) 4th (Day) 1868 (Year)

8. AGE: Years 74 Months 3 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Plattsburg (City, town, or county) Mo. (State or foreign country)
10. Usual occupation at home
11. Industry or business —

FATHER
12. Name Thomas J. Porter
13. Birthplace Columbus (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Sarah Anne Shepherd
15. Birthplace Greenville (City, town, or county) Ohio (State or foreign country)

16. (a) Informant daughter Mrs. G.K. Miltenberger
(b) Address 145 Helfenstein Webster Groves
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE-22-1942 (Month) (Day) (Year)
(c) Place: ~~burial~~ or cremation VALHALLA CREMATORY
18. (a) Signature of funeral director Parker Ind Co
(b) Address Webster Groves Mo
19. (a) JUN 22 1942 (Date received local registrar) (b) C. G. McGarrow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1942 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased from 10/10/41, 19..., to 6/20/42, 19...; that I last saw her alive on 6/19/42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death
(1) Metastatic Carcinoma of Lungs, Bones & Skin. Secondary to Carcinoma of right Breast (fem) — Duration 1 yr. 5 yrs ago
Due to
(2) Due to Pneumonia (Terminal) 5 D.
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Ca. of Breast rt. at operation 2 yrs. ago.
Of autopsy No.

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 A. Victor Reese (M. D. or ~~other~~)
Address Webster Groves Date signed 6/20/42

707 (Licensed Embalmer's Statement on Reverse Side)

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: [illegible]

Licensed Embalmer No. 1332

P. O. Address Webster Grove

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.