

FILED SEP 4 1942  
 318

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

25865

State File No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 7278

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

2. USUAL RESIDENCE OF DECEASED: 999 #  
 (a) State Illinois (b) County 11  
 (c) City or town Freeburg  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? 2 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Infant Boy Gorda  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month August day 10  
 year 1942 hour 8 minute 55 P.M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased August 10 1942  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 10 1942 to August 10 1942  
 that I last saw him alive on August 10 1942  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
				hr. <u>05</u> min.

Immediate cause of death:  
Respiratory failure

9. Birthplace Saint Louis Missouri  
(City, town, or county) (State or foreign country)

Due to Congenital malformation of lungs  
 Due to \_\_\_\_\_

10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_

Other conditions Infant had cleft palate  
(Include pregnancy within 3 months of death)  
rudimentary mandible & congenital

12. Name Charles Gorda  
 13. Birthplace Framington Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Maude Randale  
 15. Birthplace Scott County Missouri  
(City, town, or county) (State or foreign country)

Major findings: absence of the external ears  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Saint Louis Maternity Hosp  
 (b) Address 630 South Kingshighway  
 17. (a) Autopsy Report Date thereof AUG 31 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Washington University  
Department of Pathology  
 18. (a) Signature of funeral director W. Richter - 3500 Putnam  
 (b) Address \_\_\_\_\_  
 19. (a) AUG 31 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature A. J. Eastlinger M.D. (M.D. or other) \_\_\_\_\_  
 Address 630 S. Kingshighway Date signed 8/11/42

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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, fact should be so stated above.**