

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1507

Registration District No. 318Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

- (a) County St. Louis, Mo.
 (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:
4408 W. Belle Pl. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community... about 20 years
 years, months or days3. (a) PRINT FULL NAME Mary Stevens Gordon

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

4. Sex Female 5. Color or race 3 Colored 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Not Known 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 1 1864
 (Month) (Day) (Year)

- | | | | | |
|---------|-----------|-----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>78</u> | <u>10</u> | <u>11</u> | _____ hr. _____ min. |

9. Birthplace Philadelphia, Pa.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name George Stevens

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

14. Maiden name Susan G. ?

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

16. (a) Informant Josephine Stevens

- (b) Address 4368 W. Belle Pl.

17. (a) Burial (b) Date thereof Feb. 16 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation St. Peters Ceme.

18. (a) Signature of funeral director A. L. Beal Und Co.

- (b) Address 2726 Lucas Ave.

19. (a) FEB 16 1943 (b) J. F. Brudeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County 12
 (c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") 911
 (d) Street No. 4408 W. Belle Pl. (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day Feb
 year 1943 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 1st
1942 19 _____ to Feb 12 1943;
 that I last saw her alive on Feb 12 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic nephritis 2 year
Due to mitral insufficiency 10 Day

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of 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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J. F. Brudeck (M. D. or other) _____

Address _____ Date signed 2-16-43

FILED FEB 23 1943

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.