

S. No. 2
-12-45
5-17-39
P. 1 X47070

FILED AUG 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7487

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2612 PINE Blvd. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 15 or 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 0-00
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2612 PINE ST. 9
(If rural, give location) 10
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME. EMMITT JACKSON GORDON

3. (b) If veteran, name war. #2 VET. 3. (c) Social Security No.

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 JULY 30 1914 (Month) (Day) (Year)

8. AGE: Years 33 Months 0 Days 6 If less than one day hr. min.

9. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)

10. Usual occupation. CHEFFEUR

11. Industry or business.

12. Name HARRY GORDON

13. Birthplace NEW ORLEANS LA. (City, town, or county) (State or foreign country)

14. Maiden name ALMA LEWIS

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

16. (a) Informant Alma L. Haines

(b) Address 216 N. COMPTON

17. (a) Burial (b) Date thereof 8/8/47 (Month) (Day) (Year)

(c) Place: burial or cremation. Mortuary

18. (a) Signature of funeral director. J. A. Biedeck

(b) Address 3030 BELL AVE. (c) Date received local registrar. AUG 8 1947 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 6 year 1947 hour 6:00 minute P. M.
21. I hereby certify that I attended the deceased from JULY 5, 1947 to AUG. 6, 1947 that I last saw him alive on AUG. 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHITIS ASTHMA

Due to 112

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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. A. Biedeck (M. D. or other) Address 216 N. Compton Date signed 8/7/47

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 30 1947

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.....

Esther N. Harris, Registered Apprentice No. *416*
working under my personal supervision.

Signed *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *457 1/2 Aldene*

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.