S. No. 2
M—1/47
v. 5-17-39

#65252

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2556

FILED FEB 9 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 835

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks (Specify whether
In this community 3 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0 0 0
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1437 Hickory Lane (If rural, give location) 9
(e) Citizen of foreign country? 22 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE GORDON
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mae
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 17th (Day) 1886 (Year)

8. AGE: Years 61 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Burbank (City, town, or county) California (State or foreign country)
10. Usual occupation Construction worker
11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Unknown 9
15. Birthplace (City, town, or county) (State or foreign country) 1

16. (a) Informant Mae Gordon
(b) Address 1437 Hickory Lane
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-28-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Howard F. Rowland
(b) Address 4104 Manchester
19. (a) JAN 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26th year 1948 hour 4 minute 55 A M.

21. I hereby certify that I attended the deceased from 1/8/48, 19, to Jan 26th, 1948 that I last saw him alive on Jan 26th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Cerebral thrombosis (2) Arteriosclerotic heart disease

Due to arteriosclerosis

Due to

Other conditions old myocardial infarction (Include pregnancy within 6 months of death)

Major findings:
Of operations
Of autopsy some

Duration

PHYSICIAN
Underline the cause of 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 St. Agar 1515 Lafayette 1/26/48 (M.D. or other)
Address Date signed

Jefferson City Printing Co. (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.....Ronald A Yahnke

Licensed Embalmer No.....3917

P. O. Address.....St Louis

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.