

No. 2
1/47
17-39

STANDARD CERTIFICATE OF DEATH

FILED MAY 26 1948

318

1003

4578

Registration District No.

Primary Registration District No.

Registrar's No.

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: Homer Phillip's
(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:

(a) State: Missouri (b) County: St. Louis

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 1208 1/2 N. Leffingwell
21 (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME Edward Gordon

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

4. Sex: Male 5. Color or race: negro 6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Elizabeth Gordon 6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: Dec. 25 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>48</u>	<u>4</u>	<u>19</u>	hr. min.

9. Birthplace: Crenshaw Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation: Labourer

11. Industry or business.....

12. Name: William Gordon

13. Birthplace: Miss.
(City, town, or county) (State or foreign country)

14. Maiden name: Agnes Sanders

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

16. (a) Informant: Elizabeth Gordon

(b) Address: 1208 1/2 N. Leffingwell

17. (a) Shipping (b) Date thereof: 5-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Crenshaw, Miss.

18. (a) Signature of funeral director: Atkins Bros.

(b) Address: 3644 Frances ave.

19. (a) MAY 17 1948 (b) J. F. Braden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th
year 1948 hour 5:25 minute P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Constrictive Pericarditis; CONTRIB: Split Thickness Burns of Face, Neck, Chest, and Thigh; suffered Due to when deceased clothing became ignited when he attempted to throw a burning chair out the front window at his home 1208 N. Elliott Ave., on May 1st, 1948, at about 7:25 A.M.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence: May 1st, 1948
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home
While at work? No (Specify type of place) Means of injury: See Above

23. Signature: Patrick E. Taylor (M. D. or other) 3
Address: Wagon Date signed: 5/7/48

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

MOTHER FATHER

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.