

FILED OCT 23 1948  
Registration District No. 818

Primary Registration District No. 1003

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME John Emil Gords

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-09-7995

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 16 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 3 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Supt. of Construction

11. Industry or business Johns-Manville Co

12. Name Peter J Gords

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

14. Maiden name Marie Forsman

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

16. (a) Informant June E Gords

(b) Address 2305 Sidney

17. (a) Burial (b) Date thereof 10/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Churchyard

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 2023 Gravois Ave

19. (a) OCT 16 1948 (b) J. B. Casater  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2305 Sidney  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13  
year 1948 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from 1934  
\_\_\_\_\_, 19\_\_\_\_, to Oct 13, 1948;  
that I last saw him alive on 10-13-48, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Sclerosis

Due to Diabetes mellitus

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 61

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) (e) Means of injury \_\_\_\_\_

23. Signature W H Ohnsted (M. D. or D.O.)

Address 3720 Washington Date signed 10/14/48

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, *Francis J. Duane*

Licensed Embalmer No. *2245*

P. O. Address *St. Louis, Mo.*

**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.**