

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29298**
Registrar's No. **7246**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. Louis**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. Louis** **2229**

d. FULL NAME OF HOSPITAL OR INSTITUTION **2340^a Hickory**

d. STREET ADDRESS (If rural, give location) **22 2340^a Hickory 0**

3. NAME OF DECEASED
a. (First) **DELLA** b. (Middle) **Washington** c. (Last) _____

4. DATE OF DEATH (Month) **July** (Day) **30** (Year) **1954**

5. SEX **Female**

6. COLOR OR RACE **Col**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **July 10, 1892**

9. AGE (In years last birthday) **62**

IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours **5** Min. **38**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Nil**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **Pa.**

12. CITIZEN OF WHAT COUNTRY? **1**

13a. FATHER'S NAME **John Gordon**

13b. MOTHER'S MAIDEN NAME **Mary**

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **Mary Washington** ADDRESS **2340^a Hickory**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Thrombosis**
INTERVAL BETWEEN ONSET AND DEATH **2 weeks**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.
DUE TO (b) **Arteriosclerosis**

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **332X**

22. I hereby certify that I attended the deceased from **July 28, 1954**, to **July 30, 1954**, that I last saw the deceased alive on **July 28, 1954**, and that death occurred at **3:40 p.m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) **Dr. Whittier, M.D.**

23b. ADDRESS **824 N. Channing**

23c. DATE SIGNED **8-3-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **Aug 5, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Washington Park**

24d. LOCATION (City, town, or county) (State) **St. Louis MO**

DATE REC'D BY LOCAL REG. **AUG 5 1954**

REGISTRAR'S SIGNATURE **Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE **F. R. Green** ADDRESS **4214 Delmar**

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed F. A. Green

Licensed Embalmer No. 4214 Delm

P. O. Address 2963

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.