

FILED APR 6 - 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH10778
State File No. 3086

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

3086

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILL b. COUNTY ST CLAIR			
b. CITY OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) 2 MO		c. CITY OR TOWN E. ST LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES				e. STREET ADDRESS (If rural, give location) 329 N 6TH ST			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) OMER c. (Last) GORDON			4. DATE OF DEATH (Month) (Day) (Year) 3 26-1956				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEB 15-1880	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY CASH REGISTERS		11. BIRTHPLACE (City and State or Foreign Country) MACOMB ILL.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MAY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 489-20-5654		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Old Age Assistance St Louis Ill.			
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) Broncho Pneumonia; ANTECEDENT CAUSES Fracture dislocation of 4th and 5th cervical vertebra with cord injury; suffered in fall from bed at Barnes Hospital on or about Feb 18 1956 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E902.7		19. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Asp.		21c. (CITY, TOWN, OR TOWNSHIP) 45 (COUNTY) St Louis Mo (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 18 56 ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? DD			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph M. Deussen, M.D. (Degree or title?)				23b. ADDRESS 1300 Clair		23c. DATE SIGNED 3/27/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) 3-27-56		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY F. ST. LOUIS.		24d. LOCATION (City, town, or county) (State) ILL.	
DATE REC'D BY LOCAL REG. MAR 27 1956		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McRobins Funeral Home 6 St Louis Ill			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....
Signature of Student Embalmer

Signed *Ben H. Baldwin*

Licensed Embalmer No. *24*

P. O. Address *E. St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.