

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39426**  
Registrar's No. **10205**

FILED NOV 28 1956

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>5 da</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary Infirmary</b>				e. STREET ADDRESS (If rural, give location) <b>32181/2 A Chouteau Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rogie</b>		b. (Middle) <b>Lee Gordon</b>		c. (Last) <b>Gordon</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 6 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 13, 1914</b>	
9. AGE (In years last birthday) <b>42</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Emerson Electric</b>		11. BIRTHPLACE (City and State or Foreign Country) / <b>Starkville Miss.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>	
13a. FATHER'S NAME <b>Dewitt Gordon</b>		13b. MOTHER'S MAIDEN NAME <b>Rosae Dell Gordon</b>		14. NAME OF HUSBAND OR WIFE <b>Louise Gordon</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY (If yes, give number or date of service) <b>NO</b> <b>426-05-4730</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Louise Gordon 3218A Chouteau Ave</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhagic Pancreatitis</b> HEMORRHAGIC PANCREATITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>587.0</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Hemorrhagic Pancreatitis</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>13 Nov 1956</b> to <b>6 Nov 1956</b> , that I last saw the deceased alive on <b>6 Nov 1956</b> and that death occurred at <b>6:57 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. W. Neaton</b>				23b. ADDRESS <b>809 N. Jefferson</b>		23c. DATE SIGNED <b>7 Nov</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>11-10-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>NOV 8 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>S. J. Watson 2769 Chouteau</b>			

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.....  
Signature of Student Embalmer

Signed *A. S. J. Hester*.....

Licensed Embalmer No. *519*.....

P. O. Address *2719 e 1/2*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. ...  
If this body is not embalmed, fact should be so stated above.