

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1957

State File No. **37471**  
Registrar's No. **10489**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10489</b>	
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 town(ship)) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>29 Days.</b>		c. CITY OR TOWN <b>St. Louis,</b>		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 <b>26 St. Louis Chronic Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>17 2931 Eads Ave.,</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ethel</b>		b. (Middle) <b>Mildred</b>		c. (Last) <b>Gordon.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 2---1957</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Dec. 6, 1897</b>	
9. AGE (In years last birthday) <b>59</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>State Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>J.W. Donaldson Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>John Wells</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Hall</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Freda Thompson, St. Charles, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Squamous cell carcinoma</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>of Cervix with Generalized</b> DUE TO (c) <b>Abdominal metastasis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>8 months</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>171x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <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>October 4, 1957</b> , to <b>Nov. 2, 1957</b> , that I last saw the deceased alive on <b>Nov. 2, 1957</b> , and that death occurred at <b>12:30 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>George M. Janaka, M.D.</b> (Degree or title)				23b. ADDRESS <b>5600 Arsenal</b>		23c. DATE SIGNED <b>11/2/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-2-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bunker Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bunker, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>NOV 5 57</b>		REGISTRAR'S SIGNATURE <b>Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.,</b>			

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

