

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-010859

318

1003

2251

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2251

FILED VS MAR 16 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b D. O. A.
 c. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY _____
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5900 North Pointe Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First NORA Middle A Last GORDON 4. DATE OF DEATH Month March Day 5 Year 1961

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11/12/1891 9. AGE (last birthday) 69 years

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher 10b. KIND OF BUSINESS OR INDUSTRY Public School 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Michael Gordon 13b. MOTHER'S MAIDEN NAME Winifred Vahey 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 17. INFORMANT Olive Hirsch - 5900 North Pointe Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Occlusion
 DUE TO (b) Arteriosclerotic Heart Disease
 DUE TO (c) 4200
 INTERVAL BETWEEN ONSET AND DEATH 5 minutes
 5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 3-10-61
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from 1940 to 3/5/61 and last saw her/him alive on 12/31/60
 Death occurred at 445th P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John J. Henneley MD 22b. ADDRESS 6500 Chippenwa 22c. DATE SIGNED 3/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE Mar. 8, 1961 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) St. Louis (State) Missouri

24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY-5967 W. Florissant Ave ADDRESS _____ 25. DATE RECD. BY LOCAL REG. MAR 8 1961 26. REGISTRAR'S SIGNATURE Loal Smith MD

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Ralph C. Lindess

Licensed Embalmer No. 4275

P. O. Address St. Louis

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.