MAY 13 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15070

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3955

City St Louis (No. St Anthony's Hospital St. ..... Ward)

2. FULL NAME Sarah Elizabeth Gordon

(a) Residence, No. 1719 Carroll St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Gordon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12-1877

7. AGE YEARS 57 MONTHS 9 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Avon Mo

FATHER

13. NAME Williams Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Ruth Boyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Admiral Gordon 1719 Carroll

18. BURIAL, CREMATION, OR REMOVAL

PLACE Avon Mo DATE May 1- 1935

19. UNDERTAKER (ADDRESS) Albert H Hoppe Inc 429 N Euclid Ave

20. FILED APR 30 1935 J F Budeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1935, to Apr. 29, 1935

I last saw her alive on Apr 29, 1935. Death is said to have occurred on the date stated above, at 6 25 P.m.

The principal cause of death and related causes of importance were as follows:

Acute Dilation of Heart caused by an old Chronic Myocarditis — Date of onset 4 hrs

Other contributory causes of importance: Arteriosclerosis

93 (V)

Name of operation Urethral Caruncle Removal Date of 4-25-35

What test confirmed diagnosis? Direct Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A E Jacobi, M. D.

(Address) 3320 Lo Grand.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.