

JUL 14 1936

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

Do not use this space.

24442

791
1003

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St Louis Mo (No. Barnes Hospital) St. Ward)

File No.
Registered No. 6058

2. FULL NAME Maudie Whitney Gordon

(a) Residence, No. 5288 Delmar St. 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 - 1884

7. AGE YEARS 52 MONTHS 0 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse
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) St. Louis Mo. (STATE OR COUNTRY)

FATHER 13. NAME William B. Gordon

14. BIRTHPLACE (CITY OR TOWN) St. Louis Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Whitney

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

17. INFORMANT Frank Gordon (ADDRESS) 5288 Delmar

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia DATE June 13 1936

19. UNDERTAKER SULLIVAN BROS. (ADDRESS) 2849 N. EUCLID AVE.

20. FILED JUN 12 1936 19 W. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 11 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 4 - 26 - 1936 to 5 - 11 - 1936
I last saw her alive on 5 - 11 - 1936. Death is said to have occurred on the date stated above, at 5⁰⁰ a.m.
The principal cause of death and related causes of importance were as follows:

Brain tumor (independent skull metastases multiple)
Date of onset Feb. 1936
Other contributory causes of importance: 50

Name of operation Cerebral lobectomy removal of metastases Date of April 30-36
What test confirmed diagnosis? Was there an autopsy? yes

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?
If so, specify
(Signed) T. R. Buckley M. D.
(Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

