

REC'D JUL 12 1938

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

20284

Do not use this space.

5423

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St. Louis (d) Street No. Homer Phillips Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Annie Gordon  
 (a) Residence, No. 7707 Fordey St. 8  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 18, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
49 4 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil  
 9. Industry or business in which work was done, as 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) Tennessee  
 (STATE OR COUNTRY)

13. NAME George Smith  
 14. BIRTHPLACE (CITY OR TOWN) Tennessee  
 (STATE OR COUNTRY)

15. MAIDEN NAME Rebecca Jackson  
 16. BIRTHPLACE (CITY OR TOWN) Tennessee  
 (STATE OR COUNTRY)

17. INFORMANT Evelyn Hilliard  
 (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Washington Park DATE 6-16 1938

19. FUNERAL DIRECTOR (NAME) Ellis Funeral Home  
 (ADDRESS) 2820 Stoddard St

20. FILED JUN 16 1938 J. D. Budjek  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 19 38

22. I HEREBY CERTIFY, That I attended deceased from  
June 6 1938, to June 11 1938

I last saw her June 11 1938. Death is said

to have occurred on the date stated above, at 6:30a. m.

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

Neurosyphilis

Date of onset  
6/6/38

Other contributory causes of importance:

Chronic nephritis

Name of operation..... Date of.....  
 What test confirmed diagnosis? clinical 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?.....

If so, specify ad femur 1, M. D.

(Signed) J. D. Budjek  
 (Address) 2601 N Whittier

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 Lennie Boykin

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Lennie Boykin

Licensed Embalmer No. 2946

P. O. Address \_\_\_\_\_

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 this body is not embalmed, above space should be left blank.