

REC'D APR 12 1939

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

8313

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurredRegistration District No. 791
Primary Registration District No. 1003
at 6022 Horton PlaceRegistered No. 2078(d) Street No. at 6022 Horton Place St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U.S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME Mrs. Lizzie Gearin(a) Residence, No. 4255 W. Waffitt Ave. St. II
(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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Gearin6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4, 18777. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 — 25OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Domestic
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, MoFATHER 13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknownMOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Miss Lizzie Mae Gearin
(ADDRESS) 4255 W. Waffitt Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Mar. 5, 193919. FUNERAL DIRECTOR (NAME) W. C. Gordon
(ADDRESS) 2649 Webster Blvd20. FILED MAR 4 1939 J. D. Bradish Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2nd, 193922. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:Rupture of Thoracic Aorta near Arch; Diffuse Arterio Sclerosis; Chronic Interstitial Nephritis.Other contributory causes of importance: 96

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? YES23. 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 See above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? 1

If so, specify.....

(Signed) Alfred Perry, M.D.(Address) Republic Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

H. Claude Gordon....., Registered Apprentice No.....
working under my personal supervision.

Signed *H. Claude Gordon*.....

Licensed Embalmer No. *3489*.....

P. O. Address *2649 Wilma*.....

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.