

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 545

1. PLACE OF DEATH: 1000 **FILED FEB 17 1940**

(a) County _____
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: In Nought to Hemlock's Phillips
 (If not in hospital or institution, write street number or location) North
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
 years, months or days 1 yr 1 mo

3. (a) PRINT FULL NAME Martha Gordon
 3. (b) If veteran, name war No
 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race col
 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown About 38
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
Abt.	<u>38</u>	<u>✓</u>	<u>✓</u>	hr. _____ min.

9. Birthplace Mississippi
 (City, town, or county) (State or foreign country)

10. Usual occupation Stomatist

11. Industry or business _____

12. Name John Mitchell

13. Birthplace Mississippi
 (City, town, or county) (State or foreign country)

14. Maiden name Martie

15. Birthplace Mississippi
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph Gardner
 (b) Address Molin no.

17. (a) _____ (b) Date thereof 1-19-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington PK

18. (a) Signature of funeral director A. H. Walton
 (b) Address 2715 Standard
 19. (a) JAN 19 1940 (b) J. T. B. B. B.
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 City or town St Louis 2 25
 (If outside city or town limits, write "RURAL")
 (d) Street No. 913 1/2 Fallon St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 12
 year 1940 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
(Apoplexy)
 Due to arteriosclerosis
(from arteriosclerosis)
 Duration _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: 545
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) _____
 (e) Means of injury _____

23. Signature Joseph Gardner (Date signed) _____
 Address 2715 Standard

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

OCT 8 1941

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

No Embalming

Signed _____

Licensed Embalmer No. _____

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.