

JAN 9 1942

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2632

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town S. Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. Lix and Scudder
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1941 hour 10 minute 25 A. M.
21. I hereby certify that I attended the deceased from 12-13-41
19. to 12-19-41 19. _____
that I last saw h. im alive on 12-19-41 19. _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to Aneurysm
Hypertension
Due to Anemia
Terminal pneumonia
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
} months
} days

Major findings:
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Edward J. Becker (M. D. or other) _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME

Frank Gorden

3. (b) If veteran, name war unknown 3. (c) Social Security No. unknown

4. Sex male 2, 5. Color or race colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma Gorden 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Mar. 1 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Meridian Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Ezra Gorden
13. Birthplace Unknown Miss. 1
(City, town, or county) (State or foreign country)
14. Maiden name Amy Horn
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Record Room
(b) Address St. Louis Co. Hosp

17. (a) Burial (b) Date thereof 12 27 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk. Cem

18. (a) Signature of funeral director Boyd Bros

(b) Address W. W. Kinloch, Mo

19. (a) DEC 27 1941 (b) E. J. Becker
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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, fact should be so stated above.