

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

Rev. 5-17-39
1 x 1951

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 27 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22784
Registrar's No. 6603

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Homer Phillips Hospital
(d) Length of stay: In hospital or institution 5 days
In this community About 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County _____
(c) City or town St. Louis
(d) Street No. 2142A Walnut
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME SYLVESTER GORDON
3. (b) If veteran, name war Last World War
3. (c) Social Security No. none

4. Sex Male 5. Color or race Col.
6. (a) Single, widowed, married, divorced SINGLE
7. Birth date of deceased 8 - 20 - 1898

8. AGE: Years 43 Months 11 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace Jackson Miss.

10. Usual occupation Coal Room Operator

11. Industry or business _____

12. Name Edgar Gordon

13. Birthplace Jackson Miss.

14. Maiden name Jackson

15. Birthplace Jackson Miss.

16. (a) Informant's own signature Mrs. Jimmie Bracey

(b) Address 505 S. Ethitt

17. (a) Burial (b) Date thereof 8 6 1942

(c) Place: burial or cremation Jefferson Park

18. (a) Signature of funeral director J. W. Bruce

(b) Address 1003 N. Garrison

19. (a) AUG 5 (b) J. F. Bredeck

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2,
year 1942 hour 8 minute 00 A. M.
21. I hereby certify that I attended the deceased from July 28, 1942, to August 2, 1942.

that I last saw him alive on August 2, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 3 mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy _____

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 A. M. Mays (M. D. or other) _____

Address 2601 W. Hunter Date signed 8/5/42

PHYSICIAN
Underline the cause to which death should be charged statistically

AUG 1 1942

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 M.R.

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

Signed Clark Young
Licensed Embalmer No. 3371
P. O. Address St. Louis

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.