

FILED OCT 1 1943 18

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 7788

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

**1. PLACE OF DEATH:**

(a) County ST. LOUIS

(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. MARY'S INFIRMARY  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 DAYS  
(Specify whether years, months or days)

In this community 15 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County 000

(c) City or town ST LOUIS 11-17  
(If outside city or town limits, write "RURAL")

(d) Street No. 3226 Magazine St  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country 0

**3. (a) PRINT FULL NAME** Evelyn Gordon

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 9 day 13  
 Year 42 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from 8-29-42 to 9-13-42  
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race COL

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LOUIS GORDON

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

7. Birth date of deceased 7 (Month) 6 (Day) 1893 (Year)

Immediate cause of death Cancer of uterus  
of metastatic

Due to .....

Due to .....

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

**8. AGE:** Years 49 Months 2 Days 7

If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MO. (State or foreign country)

Major findings: Of operations HO

Of autopsy .....

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**11. Industry or business** Domestic

12. Name Alex WALTON

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

14. Maiden name MARY CLAYBORN

15. Birthplace ST LOUIS (City, town, or county) MO. (State or foreign country)

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? 0 (Specify type of place)

23. Signature J. S. Davis (M. D. or other) 0

Address 1836 Poplar Date signed 9-13-42

16. (a) Informant Mary Walton

(b) Address 3226 Magazine St

17. (a) 0 (b) Date thereof 9-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Alex Walton

(b) Address 2702 Standard St

19. (a) SEP 19 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

**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 *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *2649<sup>th</sup> Delmar*

**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.**