

JAN 21 1943

State File No.

318

Registration District No.

Primary Registration District No.

100

Registrar's No.

384

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1830 A Papin 1 ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Jefferson
(c) City or town Louisville
(If outside city or town limits, write "RURAL")
(d) Street No. 3334 Greenwood Ave.
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Susie E. Gordon

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

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

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

7. Birth date of deceased Aug. 30 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Domestic

MOTHER FATHER

11. Industry or business _____

12. Name Bill Jordan

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

14. Maiden name Mattie Wilson

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

16. (a) Informant Maggie Brown

(b) Address 1830 A Papin

17. (a) Removal (b) Date thereof 1-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisville, Ky.

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) JAN 14 1943 (b) J. J. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
year 1943 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from 12-29-42
to 1-13-43 1942
that I last saw her alive on 1-13-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to unknown

Due to _____
Other conditions (Include pregnancy within 3 months of death) 72

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)
23. Signature Jerry Estampel (If other)
Address 2328 Marcket St. signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.