V. S. No. 2
50M—5-42
V. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8323

Primary Registration District No. 1003

Registrar's No. 2636

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether years, months or days)

In this community ~~Unknown~~ 20 yrs

2. USUAL RESIDENCE OF DEACESED: 000 12 9 11

(a) State Missouri (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 4328 W. Belle Place
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Odessa Gordan

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 Married

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Dec (Month) 9th (Day) 1908 (Year)

8. AGE: Years 34 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Willie Meale

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

14. Maiden name Emma Tribble

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

16. (a) Informant Emma Meals

(b) Address 4328 W. Belle Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Kindle & Son

(b) Address 3133 Bell ave

19. (a) MAR 19 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15, year 1943 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from February 22, 1943 to March 15, 1943; that I last saw her alive on March 15, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Meningoencephalomyelitis	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 S. E. Smith (M. D. ~~or other~~)

Address 2601 Whittier Date signed 3/15/43

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 2498

P. O. Address 2769 Charleston

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.