S. No. 2
1—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12175

FILED APR 28 1943 318

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 3669

1. PLACE OF DEATH:

(a) County ____

(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. John's
(If not in hospital or institution, write street number or location)

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

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves,
(If outside city or town limits, write "RURAL")

(d) Street No. 409 Newport Avenue,
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Ruth Venable Gordon

3. (b) If veteran, name war No.

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert Barr Gordon

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Aug. 21, 1875 (Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Columbia, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business Housewife

FATHER

12. Name Benj. Franklin Venable

13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Mary Lobin

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

16. (a) Informant Robert B. Gordon

(b) Address 409 Newport Ave., Webster Groves

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/43 (Month) (Day) (Year)

(c) Place: burial or cremation Old City Cemetery, Columbia Mo.

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) APR 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1943 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from ____, 19____, to April 17, 1943; that I last saw her alive on April, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myelogenous Leukemia	2 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Diaphragmatic Hernia	6 yrs

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 Chas W Miller (M. D.)

Address Humbolt Bldg Date signed 4/19/43

(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 Edward J. Bockhorst

Licensed Embalmer No. 2507

P. O. Address Chester Mo

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.