S. No. 2
M—5-42
v. 5-17-39
I X82873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29966

FILED OCT 13 1943 | 318

Registration District No. 1003

Primary Registration District No.

Registrar's No. 8708

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

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:
Firmin DesLoge Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Herculaneum NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Gordon, Mary Ann

3. (b) If veteran, name war Nil

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 Elmer H. Gordon

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August (Month) 21 (Day) 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	1	8	hr. min.

9. Birthplace Murphysboro (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Hammall
13. Birthplace Unavailable (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Henderson
15. Birthplace Unavailable (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Elmer H. Gordon
(b) Address Herculaneum, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/43 (Month) (Day) (Year)
(c) Place: burial or cremation Herculaneum, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) OCT 1 1943 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 29
year 43 hour 9:40 minute P. M.

21. I hereby certify that I attended the deceased from 8
27, 1943, to 9-29-43, 19
that I last saw her alive on September 29, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Subphenic Abcess Post-op. Pneumonia Left Lung Bronchia

Duration 3 mks 1 wk.

Due to Cholecystectomy and Choledochectomy for Cholelithiasis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cholelithiasis & Choledocho-lithiasis
Of autopsy as above -

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 John S. Sciortino (M. D. or other) MD
Address Firmin DesLoge Hosp. Date signed 9/30/43

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1944

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. W. Wilkinson

Licensed Embalmer No. 3575

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.