. No. 2
I—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 353

Registration District No. 518 Primary Registration District No. 1003 Registrar's No. 116

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 21

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3429a Lawton Blvd
(If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME ESTELLA GORDON

3. (b) If veteran, name war

3. (c) Social Security No. unk

4. Sex Female

5. Color or race negro 3

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Ray Gordon

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

7. Birth date of deceased Mar (Month) 16 (Day) 1913 (Year)

8. AGE: Years 30 Months 9 Days ~~4~~ 17 If less than one day hr. min.

9. Birthplace Marana (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Shedrick Suggs
13. Birthplace (City, town, or county) ARK (State or foreign country)

MOTHER
14. Maiden name Lucy Clayton
15. Birthplace (City, town, or county) Ark 1 (State or foreign country)

16. (a) Informant Ray Gordon
(b) Address 4132a Enright Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave

19. (a) JAN 5 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1944 hour 4 minute 20 P. M.

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

Immediate cause of death Peritonitis of Liver Nacrosis following Gunshot wound of Liver and right kidney

Due to Inflicted at the hands of one Anna Beatrice white cold

Due to in the home 3429a Lawton Ave around 8 pm 12-24-43

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 166

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) Homicide

(b) Date of occurrence 12-24-43

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F Callenan (M. D. or other)
Address Deputy Coroner Date signed 1-5-44

(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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.