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

FILED MAR 27 1944

STANDARD CERTIFICATE OF DEATH
1003

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2737

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:
3130 Sheridan Ave.
(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

3. (a) PRINT FULL NAME Rosie Gordon
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or Race 3 Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Toney Gordon 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 17 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days _____
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laundress

11. Industry or business _____

12. Name Wm A. Jackson

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

14. Maiden name Mollie Hibbler

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

16. (a) Informant Mollie Morris

(b) Address 3130 Sheridan Ave.

17. (a) Burial (b) Date thereof 3 23 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunwood

18. (a) Signature of funeral director Russell Untd. Co.

(b) Address 2732 Pine Street

19. (a) MAR 22 1944 (b) F. Bradeck
(Date received locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 21
(d) Street No. 3130 Sheridan Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 20th
year 1944 hour 4 minute 45P M.

21. I hereby certify that I attended the deceased from March 14, 1944, to March 20th, 1944
that I last saw her alive on March 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
7da

Due to _____
Due to _____

Other conditions Hypertension, myocardial insuffi-
(Include pregnancy within _____ months of death) acute " will

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Thos R. Lewis (M. D. or other) _____
Address 3154 1/2 Easton Ave. Date signed 3/22/44

444

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 *John M. Russell Jr.*

Licensed Embalmer No. *4364*

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.