

No. 2
1-5-43
5-17-39
I X36871

FILED JUN 9 1944
Registration District No.

Primary Registration District No. 1003

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:
2305 Sidney St
(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 Marie F. Gords

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased May 15 1853
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
91	0	12	hr. min.

9. Birthplace Sweden
(City, town, or county) (State or foreign country) 4

10. Usual occupation At Home

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant John E. Gords

(b) Address 2305 Sidney St.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof May 29th 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Sp. Paul's Churchyard

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAY 29 1944
(Date received local registrar)

J. F. Brueck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2305 Sidney St
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day May
year 1944 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from May 27th
1944, to May 27th, 1944

that I last saw h.er alive on May 27th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Senility
Myocarditis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Duration.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....

Of autopsy.....

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)

(e) Means of injury.....

23. Signature [Signature] (M. D. or other).....

Address 2278 S. Jefferson Date signed 5-27-44

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

MOTHER FATHER

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 *J. S. E. McCulloch*.....

Licensed Embalmer No. *2460*.....

P. O. Address *6175 Delmar*.....

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.