S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1944

Registration District No. 577

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19081

Primary Registration District No. 6076

Registrar's No. 1165

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Adm. 5/8/1944 (Specify whether years, months or days)

In this community: unknown.

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.: 811-a Benton Street
(If rural, give location)

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

If yes, name country: -

3. (a) PRINT FULL NAME: Luther Gordon

3. (b) If veteran, name war: World War #1

3. (c) Social Security No. 342-09-9694

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband: Unknown

6. (c) Age of wife if alive: - years

7. Birth date of deceased: June (Month) 14, (Day) 1895 (Year)

8. AGE: Years 48 | Months 11 | Days 6 | If less than one day: hr. min.

9. Birthplace: Reform, (City, town, or county) Alabama (State or foreign country)

10. Usual occupation: Molder

11. Industry or business: -

FATHER
12. Name: Bill Gordon
13. Birthplace: Unknown (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name: Gussie McCreary
15. Birthplace: Unknown (City, town, or county) Alabama (State or foreign country)

16. (a) Informant: M. Schulig
(b) Address: Clinical Clerk, VAF, Jeff. Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/25/44 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery

18. (a) Signature of funeral director: Charles J. Gates
(b) Address: 4107 Finney Avenue

19. (a) MAY 26 1944 (Date received local registrar) (b) E. A. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 20th, year: 1944 hour: 2:20 minute: P. M.

21. I hereby certify that I attended the deceased from May 8, 1944, to May 20, 1944, that I last saw him alive on May 20, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive and coronary arteriosclerotic heart disease with cardiac enlargement, myocardial damage & insufficiency. — Duration: Abt. 9 yrs.

Due to: -

Other conditions: Hypertension, arterial — Abt. 9 yrs.
(Include pregnancy within 3 months of death)
Arteriosclerosis, generalized — Abt. 9 yrs.

Major findings:
Of operations: No operation.
Of autopsy: No autopsy. 93d.

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): no

(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? Means of injury:

23. Signature: L. M. COCHRAN, LT. COL., M.C. (M.D. or other)
Address: CHIEF MEDICAL OFFICER Date signed: 5/29/44

(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

Thomas J. Gates, Registered Apprentice No.,

working under my personal supervision.

Signed

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.