S. No. 2
M—2-43
5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 14 1945

State File No. 25682

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7712

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:
Peoples Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community About 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 c

(c) City or town St. Louis 17 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4575 Aldine 9
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Ann Gordon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife W. C. Gordon

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

7. Birth date of deceased Sept. 13, 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	11	18	hr. min.

9. Birthplace Chatham, Ontario, Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Stanton Hunton
13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Conyer
15. Birthplace Cincinnati, Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant W. C. Gordon, Jr.
(b) Address 4575 Aldine

17. (a) Burial (b) Date thereof 9/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Russell Und., Co.
(b) Address 2732 Pine Street

19. (a) SEP 4 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 31
year 45 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 8-15, 1945, to 8-31, 1945
that I last saw her alive on 8-31, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	2 Day
Due to: Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death) 83 a	

Major findings:
Of operations None
Of autopsy None

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 0

23. Signature William H. Fishler (M.D. or other) M.D.
Address 4503 Page Date signed 9.1.45

(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 Joel Russell

Licensed Embalmer No. 4112

P. O. Address St. Louis, Mo

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.