

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31909**
9356
Registrar's No. _____

Registration District No. **318** Primary Registration District No. **1003**

00
17
9
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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:
2925 N. Eleventh Str. /
(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 Lola Jean Gordon
3. (b) If veteran, name war _____ None
3. (c) Social Security No. _____ None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June 20, 1945
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>4</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation None

MOTHER FATHER

11. Industry or business _____
12. Name Orville Gordon
13. Birthplace Jonesboro, Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Herrington
15. Birthplace Jonesboro, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Orville Gordon
(b) Address 2925 N. Eleventh Str.
17. (a) Burial (b) Date thereof 10/29/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director _____
(b) Address 2117 F. Grand Blvd.
19. (a) OCT 29 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County oao
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2925 N. Eleventh Str
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 28 Oct. 28
year 1945 hour 1 minute 40 PM.
21. I hereby certify that I attended the deceased from Oct 24, 1945 to Oct 28, 1945
that I last saw him alive on Oct 28, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Infectious diarrhea Duration 3WK
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
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 head

23. Signature J. F. Bredeck (M. D. or other) _____
Address 2117 F. Grand Blvd. Date signed 10/29/45

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

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.