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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED DEC 15 1945** STANDARD CERTIFICATE OF DEATH

State File No. **38486**

Registration District No. **377**

Primary Registration District No. **3068**

Registrar's No. **2785-**

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:  
3102 Big Bend Blvd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis **96**

(c) City or town Maplewood **5**  
(If outside city or town limits, write "RURAL")

(d) Street No. 3102 Big Bend Blvd. **3**  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) **1**  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** HELEN RUTH GORDON

3. (b) If veteran, name war None

3. (c) Social Security No. None

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month December day 8  
year 1945 hour 8 minute 10 A.M.

**21. I hereby certify that I attended the deceased from** Death without medical attendance to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Child **0**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 25, 1942  
(Month) (Day) (Year)

Immediate cause of death Congenital heart disease **157e** *Duration*

**8. AGE:**

Years	Months	Days	If less than one day
<u>3</u>	<u>5</u>	<u>13</u>	hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo. **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

Major findings:  
Of operations \_\_\_\_\_

Of autopsy No autopsy

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name James Gordon

13. Birthplace Jasper Ala. **1**  
(City, town, or county) (State or foreign country)

14. Maiden name Lillian Sattley

15. Birthplace Shawneetown Ill. **1**  
(City, town, or county) (State or foreign country)

16. (a) Informant James Gordon

(b) Address 3102 Big Bend, Maplewood, Mo.

17. (a) Burial (b) Date thereof Dec. 11, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill, St. Louis Co.

18. (a) Signature of funeral director JAY B. Smith

(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) 12-11-45 (b) E. B. Smith  
(Date received local registrar) (Registrar's signature)

**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 Miss Frieda (M.D. or other) **12-10-45**  
Address St. Louis Co Health Dept  
Clayton, Mo.

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

AUG 22 1946

**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 3454

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*David C. Gibson*

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

**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.**