No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1947

State File No. 25564

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2838

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: ST. JOHN'S HOSPITAL
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6 5253 MAFFITT AV. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY A. GORDEN

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race W

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ WIDOW

6. (b) Name of husband or wife ROBERT P. GORDEN

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

7. Birth date of deceased MARCH (Month) 24 (Day) 1872 (Year)

8. AGE: Years 75 Months 3 Days 25 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name THOMAS FOGERTY
13. Birthplace IRELAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZ POWERS
15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant Mrs A. Corbin
(b) Address 5253 Maffitt Av

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof JULY 22-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ CALVARY CEM

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av

19. (a) JUL 21 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1947 hour 6 minute 50A M.

21. I hereby certify that I attended the deceased from 3/36, 19, to July 19, 1947
that I last saw her alive on July 18, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage large bowel	48 hrs.
Due to (?) (poss polyp?)	
Due to	
Other conditions: Diabetes mellitus (Include pregnancy within 3 months of death)	11 yrs.
Fracture hip 3/17/47	

Major findings:
Of operations
Of autopsy Massive hemorrhage large bowel source ? grossly

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence March 17, 1947

(c) Where did injury occur? At Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? See Above (Specify type of place)
While at work? No (e) Means of injury Fall

23. Signature [signature] (M. D. or other)
Address 2322 N. Kingshighway Date signed 7/21/47

Jefferson City Printing Co. (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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette av

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.