

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **18278**  
Registrar's No. **1332**

National Office of Vital Statistics  
**MM FILED JUN 15 1948**

Registration District No. **317**

Primary Registration District No. **6676**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Jefferson Barracks, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Veterans Administration Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **99 Days**  
(Specify whether years, months or days)  
In this community **99 Days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **133/100**  
(c) City or town **St. Louis** **19**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3212 Lawton Street** **9**  
(If rural, give location)  
(e) Citizen of foreign country? **-** (Yes or No) **1**  
If yes, name country **-**

3. (a) PRINT FULL NAME **GORDON, Clifford**

3. (b) If veteran, name war **VV-1** 3. (c) Social Security No. **491128353**

4. Sex **Male 9** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Single 0**  
6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years  
7. Birth date of deceased **February 12 1888**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**60 3 10** hr. min.

9. Birthplace **Columbia, Tennessee**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Barber**

11. Industry or business

12. Name **Henry Gordon**  
13. Birthplace **Williamsport, Tenn.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mattie Sowell**  
15. Birthplace **Williamsport, Tenn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, VA Hospital**  
(b) Address **Jefferson Barracks, Mo.**  
17. (a) **Burial** (b) Date thereof **5 26 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **C.T. Nash Fu, Home, Inc.**  
(b) Address **3847 Page Blvd. St. Louis, Mo.**

19. (a) **5-26-48** (b) **Carla J. Shapiro**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **22**  
year **1948** hour **7:16** minute **P.** M.

21. I hereby certify that I attended the deceased from **February 13, 1948** to **May 22, 1948**, that I last saw him alive on **May 22, 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **BRONCHOGENIC CARCINOMA**

Due to **47**

Due to **47**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **None**  
Of operations

Of autopsy **No Autopsy performed**

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

(a) Accident, suicide, or homicide (specify) **None**  
(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.E. Stilwell** (M. D. **Stilwell**)  
**L.E. Stilwell**  
Address **Jefferson Barracks, Mo.** Date signed **5/24/48**

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

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

MOTHER FATHER

SEP 2 1948

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

*Charles King*

Licensed Embalmer No.

*4489*

P. O. Address

*3847 Page Blvd.*

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.