No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6207

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1552

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

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HOME - 1335 a BLACKSTONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY and
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 17
d. STREET ADDRESS (If rural, give location) 1335 a BLACKSTONE 0

3. NAME OF DECEASED (Type or Print)
a. (First) MOLLIE
b. (Middle)
c. (Last) GORDON

4. DATE OF DEATH (Month) Feb (Day) 18 (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow e.g. 2
8. DATE OF BIRTH Feb. 14, 1878
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
11. BIRTHPLACE (State or foreign country) RUSSIA 6
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Deville Lenitz
13b. MOTHER'S MAIDEN NAME Sadie ?
14. NAME OF HUSBAND OR WIFE Sam Gordon Late

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Louis Goldford - 7357 Chamberlain ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Feb 13, 1949, *to* Feb 18, 1949, *that I last saw the deceased alive on* Feb 18, 1949, *and that death occurred at* 3:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph E. Clancy (Degree or title) C
23b. ADDRESS 906 Olive St
23c. DATE SIGNED 2-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-20-1949
24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth
24d. LOCATION (City, town, or county) St Louis County (State) Mo

DATE REC'D BY LOCAL REG. FEB 18 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Henhandler ADDRESS 5010 Enright

(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~~ .....

....., Student Embalmer No. .....,

working under my personal supervision.

Signed W. J. Odenhandler

Licensed Embalmer No. 3669

P. O. Address 5010 Enright

Signed .....
Student Embalmer

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.