

No. 300
10.48

FILED MAR 26 1949

STANDARD CERTIFICATE OF DEATH

State File No. 10088
2427

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Peoples Hospital		d. STREET ADDRESS (If rural, give location) 118 R. Winstanly	
3. NAME OF DECEASED a. (First) William b. (Middle) Thomas c. (Last) Gordon		4. DATE OF DEATH (Month) (Day) (Year) Mar. 13-1949	
5. SEX Male	6. COLOR OR RACE Amer. Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Abt. 1878
9. AGE (In years last birthday) Abt. 70		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		11. BIRTHPLACE (State or foreign country) Miss. /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unavailable		13b. MOTHER'S MAIDEN NAME Unavailable	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mary Gordon Frye		ADDRESS E. St. Louis, Ill.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last: Due to (b) Nephritis - Hypertension Due to (c) from a Case of Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5/9/49	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) - (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/9 , 19 49 , to 3/13 , 19 49 , that I last saw the deceased alive on 3/13 , 19 49 , and that death occurred at 2.2 m., from the causes and on the date stated above.			
23a. SIGNATURE Edgar F. Warden (Degree or title) U		23b. ADDRESS 938 N 2nd St	
23c. DATE SIGNED 3/17/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/16/49	
24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) Centerville Township Ill.	
DATE REC'D BY LOCAL REG. MAR 16 1949		REGISTRAR'S SIGNATURE J. B. Lasater	
FUNERAL DIRECTOR'S SIGNATURE Wm. Green		ADDRESS 3517 Leland	

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

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.

Student
Student Embalmer

Signed

Edgar H. Green

Licensed Embalmer No. *4521*

P. O. Address *3515 Laalide*

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.