

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31796

State File No.

318

1003

7995

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 29		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 21 2908 Gamble Street			
3. NAME OF DECEASED a. (First) Mary (Type or Print)				b. (Middle) Gordon		4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1949			
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 1, 1885			
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) Months Days 63 9 10			
11. BIRTHPLACE (State or foreign country) Columbia, Tenn.				12. CITIZEN OF WHAT COUNTRY? U.S. A.					
13a. FATHER'S NAME Edmond Thomas		13b. MOTHER'S MAIDEN NAME Martha Galloway		14. NAME OF HUSBAND OR WIFE Anderson Gordon					
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.		17. INFORMANT'S SIGNATURE OR NAME Lenora Kimble		ADDRESS 930a N. Ewing			
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) Shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Embolism Perforated DUE TO (c) Cholelithiasis (Cholecystectomy) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 2 hrs " Undet.	
19a. DATE OF OPERATION 9-9-49		19b. MAJOR FINDINGS OF OPERATION Cholecystitis with Cholelithiasis				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 126 (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5:40 P.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 8-24, 1949, to 9-9, 1949, that I last saw the deceased alive on 9-9, 1949, and that death occurred at 4:40 P.M., from the causes and on the date stated above.									
23a. SIGNATURE Charles W. Kea M. D.				23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 9-12-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sept. 16/49		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. SEP 15 1949		REGISTRAR'S SIGNATURE J.B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Dement & Son		ADDRESS 2629-31 Cole			

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 Gustav E. Culkin

Licensed Embalmer No. 4198

P. O. Address Phoenix 13.

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.