

FILED DEC 18 1950

## STANDARD CERTIFICATE OF DEATH 1003

State File No. \_\_\_\_\_

318

Registrar's No. 10256

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 10256			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2149			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1118 Pine St.				d. STREET ADDRESS (If rural, give location) 14 5811 Sutherland Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) C.		c. (Last) GORDON		4. DATE OF DEATH (Month) (Day) (Year) Nov. 29 1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 7, 1890			
9. AGE (In years last birthday) 60		10. UNDER 1 YEAR Months _____		10. UNDER 1 YEAR Days _____		10. UNDER 1 YEAR Hours _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President-J. C. Gordon Co.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Hubbard, Texas		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME James A. Gordon		13b. MOTHER'S MAIDEN NAME Unknown Long		14. NAME OF HUSBAND OR WIFE Bertha 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 ADDRESS Bertha Gordon 5811 Sutherland Ave.					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				Coronary occlusion				Sudden	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				Arteriosclerosis General Coronary Disease				with with	
DUE TO (b) _____				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				_____					
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201					
22. I hereby certify that I attended the deceased from January 10, 1939 to Nov 29, 1950, that I last saw the deceased alive on Nov 29, 1950, and that death occurred at 6:30 pm, from the causes and on the date stated above.									
23a. SIGNATURE Karl G Warner M.D.				23b. ADDRESS One Brown Bed St Lams		23c. DATE SIGNED Nov 30 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 2, 1950		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. DEC 1 1950				REGISTRAR'S SIGNATURE J. B. Kauter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

(Licensed Embalmer's Statement on Reverse Side)

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Richard W. Stoverand*

Licensed Embalmer No. *4007*

P. O. Address.....

**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.