

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

26394

State File No. ....

6486

BIRTH JUL 31 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>7 Wks.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SSt. Louis, Mo.</u>		<u>2239</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Deloge Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>23 1835 South 10th.</u>		

<b>3. NAME OF DECEASED</b> (Type or Print) <u>ELMER</u>			a. (First)			b. (Middle)			c. (Last) <u>GORE</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>6/27/53</u>			
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>April 10, 1899</u>			<b>9. AGE</b> (In years last birthday) <u>54</u>		<b>IF UNDER 1 YEAR</b> Months <u>2</u> Days <u>27</u>		<b>IF UNDER 24 HRS.</b> Hours <u></u> Mins. <u></u>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b>				<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Missouri</u>				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>			

<b>13a. FATHER'S NAME</b> <u>Calvin Gore</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Tlitha Counts</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Elsie Gore</u>		
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>499-03-4043</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Elsie Gore, 1835 S. 10th, St. Louis, Mo.</u>				<b>ADDRESS</b>	
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<b>18. CAUSE OF DEATH</b> 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.			<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>44 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA</u>			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PULMONARY EMPHYSEMA</u> DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										

<b>19a. DATE OF OPERATION</b>			<b>19b. MAJOR FINDINGS OF OPERATION</b>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)			<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			<b>21f. HOW DID INJURY OCCUR?</b> <u>493X</u>	

**22. I hereby certify that I attended the deceased from 5/13, 1953, to 6/27, 1953, that I last saw the deceased alive on 6/26, 1953, and that death occurred at 6:25 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Leonard D. Brown Sr. M.D.</u>			<b>23b. ADDRESS</b> <u>1325 So Grand Blvd.</u>			<b>23c. DATE SIGNED</b> <u>6/27/53</u>		
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>24b. DATE</b> <u>6-29-53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Matthews, Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Missouri</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>JUN 30 1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>			<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>McLaughlin's, 2301 Lafayette, St. Louis, Mo.</u>				
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(Licensed Embalmer's Statement on Reverse Side)

WHILE FILING - USING UNFADING INK - PLEASE PRINT FULLY

2104

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

*A. G. Farris*

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.