

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1956

STATE FILE NUMBER **39424**  
Registration District No. **318** Primary Registration District No. **1003** Registration District No. **10211**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>S t. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hosp</b>		Length of stay in lb <b>37 day</b> d. STREET ADDRESS (If outside, give location) <b>5872 Cote Brilliante</b>	
3. NAME OF DECEASED (Type or print) <b>Elisey K. Gordick</b>		4. DATE OF DEATH <b>November 6, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 14, 1892</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Presser, Leaders Garment Co.</b>		9. AGE (In years last birthday) <b>64</b>	
10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Russia</b>	
13. FATHER'S NAME <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>Russia</b>	
14. MOTHER'S MAIDEN NAME <b>Unknown</b>		17. INFORMANT <b>Anthony Gordick</b> Address <b>5872 Cote Brilliante</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>489-09-4537</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunshot Wound of Head;</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <b>Self inflicted in home, on Oct 1st 1956 about 4:30 am, while suffering a temporary mental aberration</b>		
20c. TIME OF INJURY <b>4:30 p.m. 10/1/56</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (i. e., in or about home, farm, factory, or pet, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>St Louis Mo</b> COUNTY STATE
21. I attended the deceased from <b>6:30 p.m.</b> to _____ and last saw her him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>James M Kelly Deputy 3</b>		22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>11-8-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>Nov 9, 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Park</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
24. FUNERAL DIRECTOR <b>Benwick Hutchins</b> ADDRESS <b>1431 Union Blvd.</b>	25. DATE RECD. BY LOCAL REG. <b>NOV 8 1956</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	

60.

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.....  
Signature of Student Embalmer

Signed *G. W. Wilkinson*

Licensed Embalmer No. *30*

P. O. Address *M. L.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.