

Health,  
Welfare  
Public  
Service

300  
9-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in them to - NO symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 27 1957

HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18708

STATE FILE NUMBER

318

1003

4667

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. CITY OR TOWN <u>East St. Louis, Ill.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>2732 Converse</u>	

3. NAME OF DECEASED (Type or print) First <u>NANNIE</u> Middle <u>NMN</u> Last <u>GORDON</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>15</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 10, 1876</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>5</u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Lauderdale, Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Peter Chester</u>		14. MOTHER'S MAIDEN NAME <u>Laura (Ukn)</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Rosie Green</u> Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY ARTERIOSCLEROSIS</u>		INTERVAL BETWEEN ONSET AND DEATH   <u>YRS.</u>
DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		
DUE TO (c) <u>DIABETES MELLITUS &amp; ADVANCED ARTERIOLEPHROSIS 260x</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>DIABETES MELLITUS &amp; ADVANCED ARTERIOLEPHROSIS 260x</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from MAY 10, 1957 to MAY 15, 1957 and last saw her alive on MAY 15, 1957  
Death occurred at 11:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>E. Q. Vermillion, M.D.</u>	22b. ADDRESS <u>BARNES HOSPITAL</u>	22c. DATE SIGNED <u>5/16/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>May 15, 57</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>East St. Louis, Ill.</u>	23d. LOCATION (City, town, or county) (State) <u>East St. Louis, Ill.</u>
24. FUNERAL DIRECTOR <u>P. D. Croyler 1036 Tudor Avenue</u>	25. DATE RECD. BY LOCAL REG. <u>MAY 17 '57</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

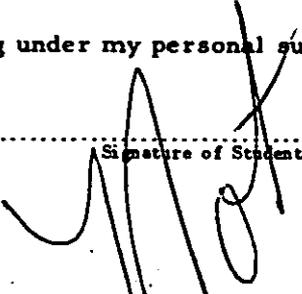
CARRIED TO REVERSE

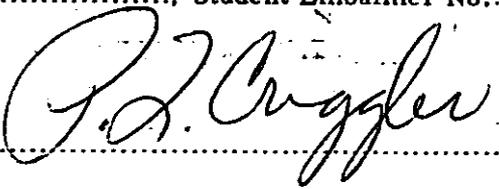
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STATEMENT BY LICENSED EMBALMER

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 .....  


Licensed Embalmer No. 33

P. O. Address 1036 Tu

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.