

Health, Welfare, Public Service

XC-2286 081
SL 10158

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007264
STATE FILE NUMBER
2178

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 2178

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-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN WEBSTER GROVES 4577	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 974 PROVIDENCE	
Length of stay in lb 12 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) WALTER M. GORDON			4. DATE OF DEATH FEBRUARY 23, 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/8/75	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY Elec. Contr.	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JAMES GORDON		13b. MOTHER'S MAIDEN NAME HATTIE A. MOFFETT		14. NAME OF HUSBAND OR WIFE Elsie Kathryn Gordon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAW		16. SOCIAL SECURITY NO. 497-03-4092		17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERALIZED CEREBRAL INFARCTION			INTERVAL BETWEEN ONSET AND DEATH 1 Week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) GENERALIZED ARTERIOSCLEROSIS			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332*			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input checked="" 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. Attended the deceased from 2/11/58 to 2/23/58 and last saw him alive on 2/23/58		Death occurred at 6:35 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE HENRY OHONG (Degree or title)		22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 2/23/58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-26-58		23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
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24. FUNERAL DIRECTOR ADDRESS Mittelberg Funeral Home Webster Groves Mo.		25. DATE RECD. BY LOCAL REG. FEB 24 '58		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only stipulated instruments and must be causally related. All diseases in Part I must be causally related.

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, Mo.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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