

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011675  
STATE FILE NUMBER

XCL55055 S114878  
FILED MAR 19 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 2628

300  
1-57

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>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b>		4. STREET ADDRESS (If outside, give location) <b>5445 Lisette Ave.</b>	
Length of stay in lb <b>6 days</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>William M. Gorder</b>		4. DATE OF DEATH Month Day Year <b>3-1-58</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>8-12-87</b>	
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry M. Gorder</b>		13b. MOTHER'S MAIDEN NAME <b>Maggie McIntosh</b>	
14. NAME OF HUSBAND OR WIFE <b>Elizabeth Gorder</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, Yes known) <b>Yes</b> (If yes, give <b>WWI</b> dates of service)		16. SOCIAL SECURITY NO. <b>488016306</b>	
17. INFORMANT <b>VA HOSPITAL RECORDS, ST. LOUIS, MO.</b>		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) <b>REOCCURANT CARCINOMA OF THE LUNG WITH METASTASES</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 MONTHS</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) <b>163x</b>			
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? <b>YES</b> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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. Attended the deceased from <b>2-23-58</b> to <b>3-1-58</b> and last saw <b>him</b> alive on <b>3-1-58</b>			
Death occurred at <b>4:50 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Edward Keyser</b> (Degree or title)		22b. ADDRESS <b>M.D. VAH, ST. LOUIS, MO.</b>	
22c. DATE SIGNED <b>3-2-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-5-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks Mo.</b>	
24. FUNERAL DIRECTOR <b>Chas. F. Stuart</b> ADDRESS <b>1225 Union Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 4 '58</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John J. Hoover* .....

Licensed Embalmer No. *4108* .....

P. O. Address *W. B. ...* .....

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.