

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021625
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6077

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED JUN 13 1963

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **4912 Mc Pherson Ave.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **4912 Mc Pherson** Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Laura L. Gore June 8, 1963

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12/24/1862** 9. AGE (last birthday) **100** IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **Louisiana** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Steven D. Gore** 13b. MOTHER'S MAIDEN NAME **Desiree Archenard** 14. NAME OF HUSBAND OR WIFE **Charles H. Gore (dec)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of **NO**) 16. SOCIAL SECURITY NO. 17. INFORMANT Address **Charles H. Gore, Jr., 562 N. Woodlawn**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **CEREBROVASCULAR OCCLUSION** 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) **ARTERIOSCLEROSIS** **YEARS**
DUE TO (c) **332X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 1963** to **June 8, 1963** and last saw her alive on **June 6, 1963**
Death occurred at **5:25 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **St Louis 19, Mo.** 22c. DATE SIGNED **6/8/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **June 10, 1963** 23c. NAME OF CEMETERY OR CREMATORY **Bellevue Cemetery** 23d. LOCATION (City, town, or county) **St. Louis, Missouri**

24. FUNERAL DIRECTOR **Arthur J. Donnelly** ADDRESS **3840 Lindell Blvd.** DATE RECD. BY LOCAL REG. **JUN 10 1963** 26. REGISTRAR'S SIGNATURE **Roan Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

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1290-0

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Dr. Thomas Gump
114 E. Lockwood
W01-0372
11:00 PM

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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 Irona Hillomson

Licensed Embalmer No. 3565

P. O. Address 3840 Lindale

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, there shall be in his OWN handwriting.

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