MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6698

1. PLACE OF DEATH

County.....

Township.....

City St. Louis (No. City Hospital St. ..... Ward)

Registration District No. 791

Primary Registration District No. 1003

File No. .....

Registered No. 1648

2. FULL NAME Sam Gold

(a) Residence. No. 3332 Hickory St., 18 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Gold

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	60			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Russia

PARENTS

10. NAME OF FATHER Jake Gold

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Russia

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Russia

14. INFORMANT Jake Gold
(Address) 3332 Hickory St.

15. FILED FEB 14 1928, 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 ....., 1928, to Feb 13, 1928 that I last saw him alive on Feb 11, 1928, and that death occurred, on the date stated above, at 1 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

94A

92C

.....(duration)..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY) Myocarditis Chronic

.....(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. D. Lipp M.D.

Feb 13, 1928 (Address) 606 Carleton Bldg. 308 N. 6th St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Chesed Shel Emeth Cem.	Feb 14 1928

20. UNDERTAKER	ADDRESS
H. Rindskopf	5216 Delmar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.