

FILED DEC 21 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10380**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **42 yrs**
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5915 Washington**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Minnie Gordon**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Nathan Gordon** 6. (c) Age of husband or wife if alive **(unk)** years
7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE Years **28** Months **-** Days **-** If less than one day
28 hr. min.

9. Birthplace **Kaunas Lithuania Russia 6**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business.....

MOTHER FATHER { 12. Name **Marcus Alch**
13. Birthplace **Lithuania 8**
(City, town, or county) (State or foreign country)
14. Maiden name **Rosa Salzman**
15. Birthplace **Lithuania 8**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ralph Hirsch**
(b) Address **Chester Illinois**
17. (a) **burial** (b) Date thereof **12/13/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Beth Ham Hag Berger Memorial**
18. (a) Signature of funeral director **4715 McPherson**
(b) Address

19. (a) **DEC 13 1942** (b) **J. J. Budzek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **12th**
year **1942** hour **3** minute **00** P.M.

21. I hereby certify that I attended the deceased from **Dec. 9**
19 **42** to **Dec. 12** 19 **42**
that I last saw her alive on **Dec. 12** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Occlusion** **2 1/2 days**
Due to..... **Hypertension** **years**
Due to.....
Other conditions **Diabetes mellitus** **8 yrs**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury.....
23. Signature **Harold Keff** (M. D. or other)
Address **607 N. Grand** Date signed **12/13/42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No..... 1597

P. O. Address.....

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