

1-2-43
5-17-39
X35897

5649
FILED JUN 30 1948

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **5129**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 DAYS
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME HARRY GORDON
3. (b) If veteran, name war L
3. (c) Social Security No. A

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife MARY GORDON 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DEC-26-1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 11
If less than one day _____ hr. _____ min.

9. Birthplace CHESTER-ILL
(City, town, or county) (State or foreign country)

10. Usual occupation EXPRESS DRIVER

11. Industry or business _____

12. Name HARRY GORDON

13. Birthplace IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name GRACE McKENZIE

15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant William A. Gordon

(b) Address 4308 Oakwood

17. (a) CREMATION (b) Date thereof 6-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA

18. (a) Signature of funeral director L. B. Tamm

(b) Address 6107 Natural Bridge

19. (a) JUN 8 1948 J. F. Brennan
(Date registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 57
(If outside city or town limits, write "RURAL")
(d) Street No. 5960 PAGE 7
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1946 hour 9:07 minute A M.

21. I hereby certify that I attended the deceased from 5/21/46
_____ 19____ to June 7th 1946;
that I last saw h. im. alive on June 7th 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of
left main coronary artery due
to arteriosclerosis
Due to Arteriosclerosis 10
vascular disease years
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Richard S. ... 6/11/48
Address 1915 Lafayette Date signed _____

Duration
3 mo.
10
years
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 Elmer R. Padgett

Licensed Embalmer No. 4077

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *July*
51289
Registrar's No.

Registration District No. *318*

Primary Registration District No. *1003*

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:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME *Harry Gordon*
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex *m* 5. Color or race *w* 6. (a) Single, widowed, married, divorced *wid*

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....

7. Birth date of deceased *Dec 26 1884*
(Month) (Day) (Year)

8. AGE: Years *80* Months *5* Days *24* If less than one day
..... hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) *June 8 - 1946* (b) *J. F. Brodeur*
(Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Day.....
year *1946* hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions..... (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?..... (c) Means of injury.....

23. Signature..... (M. D. or other)

Address..... Date signed.....

SUPPLEMENTARY

JUN 28 1946

21781