

FILED JUL 21 1947

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6535

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

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 Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution 10 hrs  
(Specify whether years, months or days)  
In this community 44 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 5895 Minerva  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: MORRIS GORDON

3. (b) If veteran, name war No 3. (c) Social Security No. 494-03-2725

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Minnie Gordon 6. (c) Age of husband or wife if alive (unk) years  
7. Birth date of deceased APRIL 15 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 2 24 hr. min.

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

10. Usual occupation Foreman

11. Industry or business Caradine Hat Mfg Co.

12. Name Hyman Gorodetsky

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

14. Maiden name Hella (Unk)

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

16. (a) Informant William Gordon

(b) Address 5895 Minerva

17. (a) burial (b) Date thereof 7/11/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) JUL 11 1947 (b) J. F. Bradeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1947 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct 23, 1939 to July 9, 1947  
that I last saw him alive on July 9, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 wks

Due to Coronary Sclerosis

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy Coronary Sclerosis & Thrombosis

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) (a) Means of injury 0

23. Signature Arthur E. Strahl (M. D. or other)

Address 539 N. Grand Date signed 7/11/47

PHYSICIAN  
Underline the cause to which death should be charged statistically.

