

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1957

318

1003

STATE FILE NUMBER

26140

4854

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			c. CITY OR TOWN University City		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes			d. STREET ADDRESS (If outside, give location) 731 Limit		
3. NAME OF DECEASED (Type or print) DAVID			4. DATE OF DEATH May 22, 1957		
5. SEX Male			6. COLOR OR RACE White		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>			8. DATE OF BIRTH ab. 1880		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			11. BIRTHPLACE (City and state or country) Unk.		
13. FATHER'S NAME Harry Gordon			14. MOTHER'S MAIDEN NAME Lena (unk)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. Unk.		
17. INFORMANT Mrs. Rosey Michelson			Address 5340 Delmas		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.1		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION			20f. COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10:00 P 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 1300 Clinic		22c. DATE SIGNED 5/23/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		23b. DATE 5/24/57		23c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol Ladue, Mo.	
23d. LOCATION (City, town, or county) Ladue, Mo.		23e. (State)		23f. (State)	
24. FUNERAL DIRECTOR Berger Memorial			25. DATE RECD. BY LOCAL REG. MAY 23 57		26. REGISTRAR'S SIGNATURE [Signature]
ADDRESS 4 715 McPherson					

(Licensed Embalmer's Statement on Reverse Side)

m 85

No. of Louis

x University City

x

St. Louis

x 731 Limit

to min.

St. Louis

May 22, 1927

W. GORDON

DAVID

ap. 77

ap. 1880

White

Male

USA

UNK.

Ladies Keady West

Salesman

(UNK) Lens

HARRY GORDON

Mrs. Rose M. Nelson 2340 Belmont

UNK.

No

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *David G. Gordon*
Licensed Embalmer No. 48

P. O. Address

10:00P

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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

Barger Memorial & Co. Embalmers