

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

Do not use this space.

6759

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No. Barner Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 1713

**2. FULL NAME**

(a) Residence. No. 5770 Kingsbury St. 5 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dorothy Gold</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 15 - 1886</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>7</u>
	DAYS <u>-</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>clothing salesman</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>wholesale</u> (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Chicago  
 (STATE OR COUNTRY) Ill.

PARENTS	10. NAME OF FATHER <u>Chas. Gold</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>
	12. MAIDEN NAME OF MOTHER <u>not known</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>

14. INFORMANT Dorothy Gold  
 (Address) 5770 Kingsbury

15. FILED 11 1928 REGISTRAR [Signature]

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 15 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1928, to Feb. 15, 1928.  
 That I last saw him alive on Feb. 15, 1928, and that death occurred, on the date stated above, at 12:10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Sclerosis of Coronary Arteries  
94B 92 (duration) yrs. 6 mos. \_\_\_\_\_ da.  
 CONTRIBUTORY Thrombosis of Coronary Artery (SECONDARY) (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? Home  
 (DID AN OPERATION PRECEDE DEATH) No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? Yes  
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
 (Signed) Alvan H. Copher, M. D.  
 \_\_\_\_\_, 19 (Address) Barner Hospital

\*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 Chicago Ill DATE OF BURIAL Feb. 16 1928

20. UNDERTAKER H. Rindskopf ADDRESS 5716 Selman

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.

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