

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

Do not use this space.

29243

1. PLACE OF DEATH

County.....
Township.....
City St. Genevieve (No.)

Registration District No. 780
Primary Registration District No. 4466

File No.....
Registered No. 57 St. Ward)

2. FULL NAME Rose Gordon

(a) Residence, No. 1219 Mt. Clair St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Divorced - Gordon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1914 - 8 - Apr. 5/1902</u>		
7. AGE YEARS <u>29</u>	MONTHS <u>4</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stenographer</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Russia

13. NAME Philip Appelbaum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Russia

15. MAIDEN NAME Esther Kolstel.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Russia

17. INFORMANT Mrs. Esther Goldstone
(ADDRESS) 5042 Maple Ave. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis mo. DATE Aug 13 1931

19. UNDERTAKER Orlando H. Fines
(ADDRESS) 4823 Castor Ave.

20. FILED Aug 13 1931 T. W. Douglas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1931

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

Occurring in the Mississippi River (Suicide) (Wanted of Jury)

Other contributory causes of importance:
186/66

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Reg. C. Cash
(Address) St. Genevieve Mo.

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.

SEP 25 1931

71600) 11/119 - 0 117 - 117 117

1931
-29
1902

1931
1933