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.

AUG 1 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1438 E. Grand Ave., St. Ward)

File No. 29162 29175

Registered No. 7943

2. FULL NAME Harry Gordon

(a) Residence, No. 1438 E. Grand Ave., St., 9 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lena Gordon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 14, 1862

7. AGE: YEARS 74 | MONTHS 4 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cobbler

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

FATHER

13. NAME: Mendel Gordon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

MOTHER

15. MAIDEN NAME: Sarah (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

17. INFORMANT (ADDRESS): Mrs. Rose Michaelson, 5598 Waterman

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beth Ham Hag. DATE 7/27/36 19

19. UNDERTAKER (ADDRESS): H. B. Berger L & U. Co. 4715 McPherson

20. FILED JUL 27 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1936

22. I HEREBY CERTIFY That I attended deceased from June, 1936, to 7/26, 1936

I last saw him alive on 7/26, 1936. Death is said to have occurred on the date stated above, at 11.00 A.M.

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

	Date of onset
Chronic Myocarditis	
Chr. Nephritis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Physical 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? No

If so, specify .....

(Signed) E. Scholoff, M. D.

(Address) 643 Mo. Bldg.