

JAN 20 1937

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

Do not use this space.

43312

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City St. Louis, Mo. (No. 4210 Olive Street City Hosp.)

File No.....
Registered No. 11934
St. Ward)

2. FULL NAME Lee Gordon

(a) Residence, No. 4210 Olive Street St. 19 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 1879</u>		
7. AGE YEARS	MONTHS	DAYS
<u>About 57</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor</u>		
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)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Henderson,
(STATE OR COUNTRY) Nebraska

13. NAME (Unknown) Gordon

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Myrtle Dieckmans
(ADDRESS) 4245a Olive Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE December 4th, 36

19. UNDERTAKER S. Albert H. Hoppe, Inc.,
(ADDRESS) 2429 N. Euclid Avenue

20. FILED DEC 3 1936 J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 7:35 A.M.

The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy (non-traumatic) Date of onset
Fracture of skull, rec'd in fall following stroke at a residence

Other contributory causes of importance:
Fracture of skull, rec'd in fall following stroke at a residence

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/24/1936
Where did injury occur? St. Louis, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury see above
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Harold G. Gandy, M. D.
(Address).....

WHITE 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.

