

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

Do not use this space.

FEB 8 1937 791

47098

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. **1008**
City St. Louis, Mo. No. 1415 Newstead St. 11 Ward) (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence, No. 1415 Newstead St., 11 Ward.
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>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED. HUSBAND OF (OR) WIFE OF <u>Gold</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10, 1894</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>7</u>
	DAYS <u>21</u>	
	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Proprietor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Sewing Machine</u>	
	10. Date deceased last worked at this occupation (month and year)..... II. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Alexander Gold</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Gold</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Edmund Gold</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) DATE <u>St. Louis, Mo. Jan 2, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>St. Louis, Mo.</u>		
20. FILED <u>JAN 1 1937</u> <u>J. P. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 / 36, 19

22. I HEREBY CERTIFY, That I attended deceased from April 11 / 36, 19, to Dec 31 / 36, 19.

I last saw h. im alive on Dec 30 / 36, 19. Death is said to have occurred on the date stated above, at 1-15 A.M.

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

Uremia Date of onset 2 days

Other contributory causes of importance:
Chronic Int. Nephritis 3 yrs.

Name of operation Kidney removed Date of 1912

What test confirmed diagnosis? Microscopy 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) J. P. Bredeck M. D.
(Address) 1336 Franklin, St. Louis, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

