

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

39995
Do not use this space.

DEC 13 1937

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. 814 1/2 Hos. #1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Milton Gordon

(a) Residence, No. 624 N. Cardinal St. 21 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 11 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Chauffeur
 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) Tenn.

13. NAME Esau Gordon

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

15. MAIDEN NAME Willie Mae Armstec

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

17. INFORMANT (ADDRESS) Esau Gordon
911 Ohio St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 11/29/37

19. FUNERAL DIRECTOR (ADDRESS) Wade Undertaking Co.
4202 Finney Ave.

20. FILED NOV 20 1937 J. P. Bredeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1937

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..... 6:35 A.M.

The principal cause of death and related causes of importance were as follows:
Penetrating stab wound of aorta with massive hemorrhage into chest and mediastinum. Penetrating stab wound of the skull entering right lobe of brain (frontal). Penetrating stab wound of right forearm. Suffered when stabbed with ice pick in the hands of one John Fultz, in a tavern at 2044 Market Str. About 6:20 A.M. Nov. 25, 1937. Homicide.

Other contributory causes of importance:

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? homicide Date of injury Nov. 25, 1937
 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. public place.

Manner of injury see above
 Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) Joseph M. Deussen, M.D.
Deputy Coroner
 (Address).....

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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