

No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26866
6762

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1339 GOODFELLOW 2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 1/2 years, months or days ST. LOUIS 15 years

3. (a) PRINT FULL NAME LEAH GORDON OR LINA

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ABRAHAM GORDON 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased. AB. 1871
(Month) (Day) (Year)

8. AGE: Years Ab. 69 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace MINSK RUSSIA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name BENJAMIN BENSON

13. Birthplace RUSSIA
(City, town, or county) (State or foreign country)

14. Maiden name SARAH HANNAH BARSHAY

15. Birthplace RUSSIA
(City, town, or county) (State or foreign country)

16. (a) Informant ABRAHAM GORDON

(b) Address 1339 GOODFELLOW

17. (a) BURIAL (b) Date thereof 8/6/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHESED SHEL EMETH

18. (a) Signature of funeral director H. B. BERGER

(b) Address 4715 MCPHERSON

19. (a) AUG 8 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 1339 GOODFELLOW (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1940 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from June, 1935, to August 5, 1940
that I last saw her alive on August 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to arteriosclerotic Hypertensive Heart Disease 5 years +

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Jo M. Orenstein (M. D. or other) [Signature]
Address 25300^a Easton Ave Date signed 8/6/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

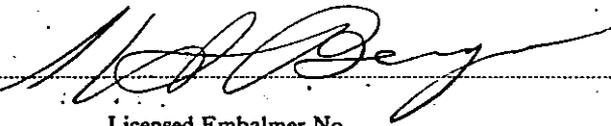
6-7-62

6-7-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

.....
Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.