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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32327

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8945

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: City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 17
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17 6

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5851 Perry
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harry Gordon Gordon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Minnie Gordon

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Unknown (Month) (Day) 1903 (Year)

8. AGE: Years 41 | Months — | Days — | If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) 6 Russia (State or foreign country)

10. Usual occupation Baker

11. Industry or business

FATHER
12. Name Mosha Gordon
13. Birthplace (City, town, or county) 6 Russia (State or foreign country)

MOTHER
14. Maiden name Esther Mamroth
15. Birthplace (City, town, or county) 6 Russia (State or foreign country)

16. (a) Informant Mrs Minnie Gordon
(b) Address 5851 Perry

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Kenhandler
(b) Address 4469 Washington Blvd

19. (a) OCT 21 1944 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1944 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from ___, 19__, to ___, 19__;
that I last saw h___ alive on ___, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Skull, Extradural hemorrhage of Brain, when he was struck

Due to by a streetcar operated by one Bernard Gray, about

Due to 10 ft west of the west cross walk of 12th Street on Olive

Other conditions drained 12:45 pm
(Include pregnancy within 3 months of death)
October 16, 1944

Major findings:
Of operations
Of autopsy 171

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Oct 16 1944
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? city Street (Specify type of place)
While at work? (e) Means of injury: struck

23. Signature Thomas F Calls (M. D. or other)
Address Deputy Coroner Date signed 10-23-44

(Licensed Embalmer's Statement on Reverse Side)

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 Howard F. Rowland

Licensed Embalmer No. 3144

P. O. Address St Louis, Mo

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.