

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42516

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10621**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 19 4401 Forest Park Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) JACK b. (Middle) HARRIS c. (Last) GORDON			4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) Abt. 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant - Continental Grain Co.	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Joseph Gordon		13b. MOTHER'S MAIDEN NAME Bella Cohen	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mr. S. Blumenfeld-444 Carrswold	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Embolus Pulmic Embolus Aortic and mitral stenosis & insufficiency Rheumatic Fever DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH hours years 11		19a. DATE OF OPERATION 12/7/49	
19b. MAJOR FINDINGS OF OPERATION Embolic Fessel Arteries		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 93		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H-BOX	
22. I hereby certify that I attended the deceased from 1847 to 12/10 , 19 49 , that I last saw the deceased alive on 12/10 , 19 49 , and that death occurred at 12:30 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Arthur E. Stoney M.D.		23b. ADDRESS 539 N. Grand	
23c. DATE SIGNED 12/11/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12/11/49		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. St. Louis, Missouri	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Norman Lindberg	
DATE REC'D BY LOCAL REG. DEC 11 1949		ADDRESS 5216 Palmar	

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

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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed.....

John Ketter
.....
Licensed Embalmer No. *3886*
.....
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.