

STANDARD CERTIFICATE OF DEATH

State File No. 34621

FILED OCT 27 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2517

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2239	
b. CITY (If outside corporate limits, write RURAL and give township) Koch, Mo		c. CITY (If outside corporate limits, write RURAL and give township) St Louis	
c. LENGTH OF STAY (in this city or township) 2 mo. 5 d		d. STREET ADDRESS (If rural, give location) 720 Lafayette	
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Alexander c. (Last) Gordon		4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced-3	8. DATE OF BIRTH 12-10-92
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Miner (Unemployed)	11. BIRTHPLACE (City and State or Foreign Country) Missouri
10b. KIND OF BUSINESS OR INDUSTRY Lead Mines		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Phillip Gordon	13b. MOTHER'S MAIDEN NAME Lizzie Boyd	14. NAME OF HUSBAND OR WIFE Grace Steppet
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Robert Koch Hospital, Koch, Mo

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN INSURANCE DEATH 3 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **June 5, 1953**, to **Sept 10, 1953**, that I last saw the deceased alive on **Sept 10, 1953**, and that death occurred at **4:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Bernard Friedman, M.D.	23b. ADDRESS Robert Koch Hosp., Koch, Mo	23c. DATE SIGNED 9-10-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sep. 14, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		

DATE REC'D BY LOCAL REG. 9/11/53	REGISTRAR'S SIGNATURE Herbert J. Romke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.
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(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Signed

Student Embalmer No.
Edwin A. M. Aermath
Licensed Embalmer No. *3024*

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.