

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3547

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 312

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY OR TOWN <u>BONNE TERRE</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>BONNE TERRE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>233 CHURCH ST 094/10</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAM</u> b. (Middle) <u>GORDON</u> c. (Last) <u>GORDON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9, 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 25, 1888</u>
9. AGE (In years last birthday) <u>66</u>	10. MONTHS <u>3</u>	11. DAYS <u>14</u>	12. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CLOTHING.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>RUSSIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>HARRY GORDON</u>	13b. MOTHER'S MAIDEN NAME <u>LENA STEIN</u>	14. NAME OF HUSBAND OR WIFE <u>BERTHA GORDON</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROSE MICHAELSON</u> ADDRESS <u>BONNE TERRE MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary embolus</u>		DUPLICATE OF (b) <u>Phlebothrombus</u>		<u>3 hours</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) <u>Arteriosclerotic heart disease</u>		<u>5 yr.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Squamous carcinoma of antrum of hypopharynx</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>- 4200</u>		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) (Min.)	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 12/18/1953, to 10/9/54, 1954, that I last saw the deceased alive on 10/9/54, 1954, and that death occurred at 6:20 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jack W. Fuller M.D.</u>		23b. ADDRESS <u>33 N. Allen, Bonne Terre, Mo.</u>	23c. DATE SIGNED <u>10/11/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 9, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Beth Hamedrosh Hagodol Cem., Ladue, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct. 11, 1954</u>	REGISTRAR'S SIGNATURE <u>Ester Rudloff</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Berges Memorial 4715 McPherson</u>	ADDRESS <u>St. Louis, Mo.</u>

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

DEC 15 1904

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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.....
Signature of Student Embalmer

Signed *Lawrence J. Diener*

Licensed Embalmer No. *3980*
4715
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.