

STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN St. Louis c. LENGTH OF STAY 2 wks d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp. 2. USUAL RESIDENCE a. STATE Mo. b. COUNTY St. Louis c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes X No 5. STREET ADDRESS 6120 Washington 2090

3. NAME OF DECEASED a. (First) BENNIE (AKA BEN) b. (Middle) GORDEN c. (Last) GORDEN 4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH May 11, 1885 9. AGE (In years last birthday) 70

10a. USUAL OCCUPATION Butcher 10b. KIND OF BUSINESS OR INDUSTRY Reta il Shop 11. BIRTHPLACE USSR 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel Gorden 13b. MOTHER'S MAIDEN NAME Martha (Unknown) 14. NAME OF HUSBAND OR WIFE Anna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Anna Gorden ADDRESS 6120 Washington

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary edema (1 wk) Arteriosclerotic heart disease (years) Myocardial infarction (old) (years) Nephrosclerosis (years) II. OTHER SIGNIFICANT CONDITIONS Nephrosclerosis

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 420.0 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Sept. 19 44, to Feb. 3, 1956, that I last saw the deceased alive on Feb. 2, 1956, and that death occurred at 3A m., from the causes and on the date stated above.

23a. SIGNATURE Jewellyn Sale (Degree or title) 23b. ADDRESS 4500 Olive St. St. Louis 23c. DATE SIGNED 2/3/56

24a. BURIAL, CREMATION, REMOVAL Rem. 24b. DATE 2/5 56 24c. NAME OF CEMETERY OR CREMATORY Beth Hamadosh Hagodl 24d. LOCATION (City, town, or county) Ladue, Mo.

DATE REC'D BY LOCAL REG. FEB 4 1956 REGISTRAR'S SIGNATURE Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 4715 McPherson

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

AUG 23 1957

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.....  
*Sawyer J. DeWitt*

Licensed Embalmer No. 3986

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