URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

=60-028354

FILED VS JUL 22 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7084 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 18 S.Kingshighway
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JACKSON Middle L. Last GORDON
4. DATE OF DEATH Month JULY Day 13th, Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/12/99
9. AGE (last birthday): 61
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vice President
10b. KIND OF BUSINESS OR INDUSTRY: Brokerage
11. BIRTHPLACE (City and state or country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: UNK.
13b. MOTHER'S MAIDEN NAME: UNK.
14. NAME OF HUSBAND OR WIFE: SORLEY C.GORDON
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 Address: Mrs.S.C.Gordon 18 S.Kingshighway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction	2 Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	2 Months
DUE TO (c)	Coronary Artery Disease 420.1	10 Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1945, to July 13, 1960 and last saw him alive on July 13, 1960
Death occurred at 2 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Llewellyn Sale Jr (Degree or title) M.D.
22b. ADDRESS 100 North Euclid Ave. St. Louis 8, Missouri
22c. DATE SIGNED 7/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7/15/60
23c. NAME OF CEMETERY OR CREMATORY: B'Nai Israel Cemetery
23d. LOCATION (City, town, or county) (State): Pittsburgh Pa.

24. FUNERAL DIRECTOR ADDRESS: Herman Rindskopf Inc. 5216 Delmar
25. DATE RECD. BY LOCAL REG.: JUL 14 1960
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed John Ketter

Signature of Student Embalmer

Licensed Embalmer No. 3880

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.