

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

13326

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. City Hospital) St. Ward.....
 File No. Registered No. 3644

2. FULL NAME

John P. Gorman
 (a) Residence. No. 3216^a Green St., 10 Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Lenora Gorman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Under 1866

7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Manager Silk Dept
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer Rice & Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

10. NAME OF FATHER Michael Gorman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Canada

12. MAIDEN NAME OF MOTHER Engelina Mooney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Canada

14. INFORMANT Mrs. Lenora Gorman
 (Address) 3216^a Green

15. FILED 15 1927 Max G. Starkloff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/15 1927

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 12³⁰ a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Burns
due to Blastings & Red becoming ignited (No Burying Policy)
19! Manner (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) of same not ascertainable
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

8. Did AN OPERATION PRECEDE DEATH?..... DATE OF.....

Was THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) John Dwyer, M.D.
4/16, 1927 (Address) 1234^a Corcoran

*State the DISEASE CAUSING DEATH, if in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL

Subway | 4-16 1927

20. UNDERTAKER | ADDRESS

Arthur J. Wornelly | 2039 Ward St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

