

SEP 25 1940  
Registration District No. 202

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 Days  
(Specify whether  
In this community 50 Years.  
years, months or days)

8. (a) PRINT FULL NAME Catherine Gorman **655**  
3. (b) If veteran, name war -- 8. (c) Social Security No. --

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife John F. Gorman 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Sept, 11, 1870  
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Missouri. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At home

MOTHER FATHER { 12. Name Bonaparte Worthington  
13. Birthplace Penn. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Killoren  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Leo F. Gorman

(b) Address 7111 Virginia

17. (a) Burial (b) Date thereof Aug, 28, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive Cem.

18. (a) Signature of funeral director Fendler Und Co.

(b) 7420 Michigan Ave.

19. (a) AUG 27 1940 (b) J. B. Baskin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) 6 Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7115 Virginia  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25,  
year 1940 hour 2:35 minute P. M.

21. I hereby certify that I attended the deceased from August 15, 1940 to August 25, 1940  
that I last saw her alive on August 25, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum  
Incarcerated Ventral Hernia  
Due to Arteriosclerosis

Due to H  
Other conditions H  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Rectum  
Of operations Incarcerated Ventral Hernia  
Of autopsy Carcinoma of Rectum  
Colostomy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature L. V. Mullen (M. D. or \_\_\_\_\_)  
Address 1515 Lafayette Ave. Date signed 8/26/40

WRITE PLAINLY--USE 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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Oliver E. Fendler

Licensed Embalmer No. 4148

P. O. Address St. Louis, Mo

**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, above space should be left blank.**