

2
13-40
7-39
X23159

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: En Route City Hosp #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 3

3. (a) PRINT FULL NAME James Gorman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced wid.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased abt 1879
(Month) (Day) (Year)

8. AGE: Years abt 61 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace unk now (City, town, or county) (State or foreign country)
10. Usual occupation unk now
11. Industry or business unk now
12. Name unk now
13. Birthplace unk now (City, town, or county) (State or foreign country)
14. Maiden name unk now
15. Birthplace unk now (City, town, or county) (State or foreign country)

16. (a) Informant Ann Blomson
(b) Address 1516 Lafayette St
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/9/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis University
18. (a) Signature of funeral director W. Richter
(b) Address 3500 Patton
19. FEB 3 1941 (Date received local registrar) (b) J. H. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 219
(d) Street No. 2007 Chestnut (If rural, give location)
(e) Foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 29 year 1940 hour 12 minute 40 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Primary
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 110
Major findings: Of operations _____
Of autopsy _____

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 3
23. Signature Alfred Perry (M. D. or other) 1/9/41
Address 1111 1/2 Date signed 1/9/41

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.