

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8072
Registrar's No. 276

Registration District No. 784 Primary Registration District No. 10

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town CLAYTON
(c) Name of hospital or institution: ST. LOUIS COUNTY HOSPITAL
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST. LOUIS 6
(c) City or town RICHMOND HEIGHTS 8
(d) Street No. 1437 WOODLAND DR. - 3
(e) If foreign born, how long in U. S. A? 1 years

3. (a) PRINT FULL NAME BETTY ANN O'GORMAN

1941 MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB day 3RD
year 1940 hour 5:35 minute P M.

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced, or single SINGLE

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAR. 6, 1925 (Month) (Day) (Year)

8. AGE: Years 15 Months 10 Days 28 If less than one day hr. min.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes

Due to Encephalitis and Bronchopneumonia

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

9. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)

10. Usual occupation AT SCHOOL

11. Industry or business

12. Name JOHN J. O'GORMAN

13. Birthplace ST. LOUIS COUNTY MO (City, town, or county) (State or foreign country)

14. Maiden name MARY TRACY

15. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)

16. (a) Informant JOHN J. O'GORMAN (b) Address 1437 WOODLAND DR.

17. (a) BURIAL (b) Date thereof 2/6/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM. (d) Signature of funeral director (e) Address 7146 MANCHESTER AV. FEB 5 1941 (Date received local registrar) (Registrar's signature)

Major findings: Of operations Of autopsy Yes

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 James M. Kelly Date signed 2/4/41 Address Kirkwood, Mo.

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

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 *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *7146 Manchester*

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.