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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

2953
State File No. _____
Registrar's No. 1008

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
LITTLE SISTERS OF THE POOR 5
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State = MISSOURI (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5143 ALAMETA
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD P. O'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 WIDOWED

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

7. Birth date of deceased DECEMBER 8, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 1 20 hr. min.

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

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN O'GORMAN IL

13. Birthplace IRELAND I
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE TOSIN

15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant MISS GENEVIEVE O'GORMAN

(b) Address 5143 ALAMETA AVE

17. (a) BURIAL (b) Date thereof 1-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALUMET

18. (a) Signature of funeral director M. J. Conroy

(b) Address 7146 MANCHESTER AVE

19. (a) JAN 30 1947 (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 28TH
year 1947 hour 11:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from Jan 21 to Jan 28, 1947.
that I last saw him alive on Jan 28, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis general.

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

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(c) 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)
Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 607 W. Grand Date signed 1/30/47

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 Elmer R. Padwell

Licensed Embalmer No. 4077

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.