

No. 2
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **22941**
Registrar's No. **1183**

Registration District No. **317**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6435 Wellsmar Avenue
(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 St. Louis **96**
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6435 Wellsmar Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM M. GORMAN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Emma J. Gorman 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February 14, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>3</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation Builder

11. Industry or business Retired 4 years

12. Name Findley Gorman

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

14. Maiden name Nancy E. Rose

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

16. (a) Informant Mrs. Emma J. Gorman

(b) Address 6435 Wellsmar Avenue

17. (a) Burial (b) Date thereof June 12, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue

19. (a) 6-12-47 (b) Beulah W. Gorman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10, 1947
year 12 hour 30 minute A M.

21. I hereby certify that I attended the deceased from Jan 10, 1946 to Jan 10, 1947
that I last saw him alive on Jan 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary myocardial infarction
Duration 3 yrs.

Due to _____
Due to 93d

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

Major findings:
Of operations _____
Of autopsy _____

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 Beulah W. Gorman (M. D. or other) M.D.
Address 1184 Haldeman Ave Date signed 6-10-47

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 Ernest W. Spillars
Licensed Embalmer No. 4080

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.