. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39695

Registrar's No. 11270

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 St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3730 Lindell Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 30th., 1890 (Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Natchez (City, town, or county) Miss. (State or foreign country)
10. Usual occupation School Teacher
11. Industry or business

FATHER
12. Name John Gorman
13. Birthplace (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Margaret Lewis
15. Birthplace (City, town, or county) La. (State or foreign country)

16. (a) Informant Mrs. Joseph Milkovitz
(b) Address 115 Chambers Road-Ferguson
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Vi Natchez, Miss.
18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) DEC 9-1947 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th year 1947 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from 12-1-47, 19..., to 12-9-47, 19...; that I last saw h. alive on 12-9-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 wk
Due to: Hypertension	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. H. Bowden (M. D. ~~or other~~) M. D.
Address 6347 Brand Date signed 12-9-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1948

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.