

No. 300
10. 48

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25724

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2699

1. PLACE OF DEATH
a. COUNTY St. Louis 4000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arb. Ter.
c. LENGTH OF STAY (In this place) 10-mon.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109

d. FULL NAME OF HOSPITAL OR INSTITUTION Lady of Good Counsel Home

d. STREET ADDRESS (If rural, give location) 10 3953 St. Louis Ave.

3. NAME OF DECEASED
a. (First) Mary
b. (Middle) E.
c. (Last) Gorman

4. DATE OF DEATH (Month) (Day) (Year) July 18, 1951

5. SEX F.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.

8. DATE OF BIRTH Unk. Unk. 1869 ??

9. AGE (In years last birthday) 82 ??
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Matthew Devlin

13b. MOTHER'S MAIDEN NAME Margaret Cunningham

14. NAME OF HUSBAND OR WIFE Thomas Gorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma Coughlin, 5912 DeGiverville Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH Indefinite

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 420.0

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug 19 1951 to July 18, 1951, that I last saw the deceased alive on July 1, 1951 and that death occurred at 2 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS 3840 Lindell Blvd

23c. DATE SIGNED 7/18/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 20, 1951

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 7-19-51

REGISTRAR'S SIGNATURE [Signature]

FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 3840 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John J. Haines*

Licensed Embalmer No. *4408*

P. O. Address *St Louis 21 MO*

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.