No. 300
10.48

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

FILED MAR 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6672

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1005

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 3 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3648 MONTANA AV.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES, 4617
d. STREET ADDRESS (If rural, give location): 652 FIELDSTON TERRACE

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): HELEN
c. (Last): O'GORMAN

4. DATE OF DEATH (Month) (Day) (Year): JAN 31, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: APRIL 1, 1871
9. AGE (In years last birthday): 80 | If under 1 year: Months, Days | If under 1 day: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PITTSBURGH, PA.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: FRANK DORAN
13b. MOTHER'S MAIDEN NAME: ANNA SCHERER
14. NAME OF HUSBAND OR WIFE: JOHN J. O'GORMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS. MARY H. LUECKING (DAUGHTER) 652 FIELDSTON TERR. W.G.

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

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. VIRUS PULMONARY INFECTION — 1-1-52 to 1-30-52

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4521

22. *I hereby certify that I attended the deceased from* Jan 11 -, 1952, *to* Jan 31 -, 1952, *that I last saw the deceased alive on* Jan 30, 1952, *and that death occurred at* 7:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roman J. Strong (Degree or title) MD.
23b. ADDRESS: 4520 VIRGINIA AVE
23c. DATE SIGNED: 2-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: FEB 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: RESURRECTION
24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY MO —

DATE REC'D BY LOCAL REG.: FEB 1 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: M. J. Corcoran (Licensed Embalmer's Statement on Reverse Side) 7146 MANCHESTER ST. LOUIS, MO

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4366

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.