

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18034

State File No. _____
4069

LED MAY 27 1952

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			c. LENGTH OF STAY (In this place) <u>17 days</u>	d. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Hgts.</u>		e. TOWN <u>4485</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarinate Word Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>7565 Lindbergh Dr.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>			b. (Middle) <u>WELTIN</u>		c. (Last) <u>GORMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 28th 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 11th 1902</u>		9. AGE (In years last birthday) <u>49</u>	if under 1 year: Months <u>11</u> Days <u>17</u>	if under 1 year: Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Heel Manufacturer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James P. Gorman</u>			13b. MOTHER'S MAIDEN NAME <u>Amelia Weltin</u>		14. NAME OF HUSBAND OR WIFE <u>Florence M. Gorman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>342-09-6208</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Florence Gorman</u> ADDRESS <u>7565 Lindbergh Dr.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				II. OTHER SIGNIFICANT CONDITIONS			3 wks.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			1 year	
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
				DUE TO (b) <u>Glomerular nephritis</u>				
				DUE TO (c) _____				
				Conditions contributing to the death but not related to the disease or condition causing death. <u>Emphysema of the chest</u>			years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>59.3X</u>				
22. I hereby certify that I attended the deceased from <u>Mar. 26, 1951</u> , to <u>Apr. 28, 1952</u> , that I last saw the deceased alive on <u>Apr. 28, 1952</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>5203 Chippewa</u>		23c. DATE SIGNED <u>4/30/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 2nd 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>			
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>6536 Clayton Rd</u>				
APR 30 1952								

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

(Licensed Embalmers' Statements on Reverse Side)

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. Haine

Licensee Embalmer No. *4198*

P. O. Address *St Louis 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.