

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

29503

State File No. _____

318

1003

Registrar's No. **7771**

FILED SEP 3 1952

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2139				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) township) 0		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.				
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis City Infirmary				d. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St.				
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) _____ c. (Last) Gorey			4. DATE OF DEATH August 12, 1952		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH 3-10-1885		9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 34 years		
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Ray, Illinois		12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME Charles Gorey		13b. MOTHER'S MAIDEN NAME Harrell Histon		14. NAME OF HUSBAND OR WIFE Single				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME City Infirmary Records ADDRESS 5800 Arsenal St.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Coronary Occlusion ANTECEDENT CAUSES DUE TO (b) (2) Generalized Arteriosclerosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201				
22. I hereby certify that I attended the deceased from March 18, 1947 , to Aug. 12, 1952 , that I last saw the deceased alive on Aug. 12, 1952 , and that death occurred at 5:05 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Palmer Romaine Bowditch M.D.				23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 8-12-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8-13-52		24c. NAME OF CEMETERY OR CREMATORY MACOMA		24d. LOCATION (City, town, or county) (State) PLW. Mo.		
DATE REC'D BY LOCAL REG. AUG 15 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Clugston ADDRESS MACOMO PLW.				

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

of I:

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

M. W. Ruster

Licensed Embalmer No. 4865

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.