

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

25928

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City..... **St. Louis Mo.** (No. **5628 Arthur Ave.**)

File No.....  
Registered No. **7107**  
St. .... Ward **6**

**2. FULL NAME** *George W. Gorman Jr.*

(a) Residence. No. **5628 Arthur Ave.** St. **14** Ward..... (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec. 1-1901.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<b>27</b>	<b>7</b>	<b>3</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Mgr. Sears - Roebuck**  
(b) General nature of industry, business, or establishment in which employed (or employer)..... **1215**  
(c) Name of employer..... **1215**

9. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo.**  
(STATE OR COUNTRY)

10. NAME OF FATHER **George W. Gorman Sr.**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Tennessee**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Katherine Jobe**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis Mo.**  
(STATE OR COUNTRY)

14. INFORMANT **Mad. Louise Gorman**  
(Address) **5628 Arthur Ave.**

15. FILED **JUL -6 1928** **W. E. Stanley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 4 - 1929.**

17. I HEREBY CERTIFY, That I attended deceased from..... 19..... to..... 19..... that I last saw him alive on..... 19..... and that death occurred, on the date stated above, at..... **5: P.** m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**General Peritonitis**  
**Due to Ruptured Appendix**  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Appendix**  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **811 1/2 W.**  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **J. W. Keme, M.D.**

**75** .1929. (Address) **Dep Cerin**  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Park Lawn Cem.** DATE OF BURIAL **7-8-1929**

20. UNDERTAKER **Ziegenhein Bros. 7623 Cherokee**  
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

61-1-21

