

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

Do not use this space.

10588

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1002
 City St. Louis (No. 4131, Meramec)

File No.....
 Registered No. 2654 St. Ward)

2. FULL NAME

Carl J. Gorris
 (a) Residence, No. 4131 Meramec St., 15 Ward. (If nonresident, give city or town and State)
 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-13-1910</u>		
7. AGE	YEARS	MONTHS
	<u>21</u>	<u>6</u>
		DAYS
		<u>6</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 1921</u>	
	11. Total time (years) spent in this occupation <u>3</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fredricks town Mo</u>		
FATHER	13. NAME <u>Pinkney Gorris</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill 2</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Bodn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>	
17. INFORMANT <u>Mrs E. Gorris</u> (ADDRESS) <u>4131 Meramec</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fredricks town Mo</u> DATE <u>3-21-32</u>		
19. UNDERTAKER <u>C. H. Webb</u> (ADDRESS) <u>Fredricks town Mo</u>		
20. FILED <u>R 20 1932</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 13-22, 1932, to Mar 19-22, 1932
 I last saw him alive on Mar 17-22, 1932. Death is said to have occurred on the date stated above, at 9:20 a. m.
 The principal cause of death and related causes of importance were as follows:
Jarcoma of femur.
30 D 53 D
 Other contributory causes of importance:
none

Name of operation none Date of.....
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) T. J. Toner (Address) 3819 Meramec Street, St. Louis, Mo.

T. J. TONER, M. D.
 3819 MERAMEC STREET,
 ST. LOUIS, MO.

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

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.

