

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

Do not use this space.

38662

1. PLACE OF DEATH

County.....*St. Louis*..... Registration District No.....*70E*
Township.....*Union*..... Primary Registration District No.....*6*
City.....*St. Louis*..... (No. *1456*).....*Union*..... St. Ward)

File No.....*10332*
Registered No.....*10332*

2. FULL NAME

Maud's Gorin (GORIN)

(a) Residence, No. *1456 A Union*, St., Ward.

(Usual place of abode)

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 13 1862</i>		
7. AGE	YEARS <i>71</i>	MONTHS <i>1</i>
	DAYS <i>16</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>none</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Memphis Mo</i>		
FATHER	13. NAME <i>M. G. Gorin</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Louisiana</i>	
MOTHER	15. MAIDEN NAME <i>Janna Pratt</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Lebanon Mo</i>	
17. INFORMANT <i>M. G. Gorin</i> (ADDRESS) <i>5249 Raymond</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Memorial Park</i> DATE <i>Dec 2</i> 19 <i>33</i>		
19. UNDERTAKER <i>Herbert E. Smith</i> (ADDRESS) <i>6175 Washington Bldg</i>		
20. FILED <i>DEC -1 1933</i> <i>J. H. Bredeck</i> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 29, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Mar. 1933*, 19*30*, to *Nov 29*, 19*33*
I last saw him alive on *Nov 20*, 19*33*. Death is said to have occurred on the date stated above, at *11:30 P.M.*
The principal cause of death and related causes of importance were as follows:

Generalized carcinoma primary seat in scalp

52
53E

Other contributory causes of importance:
52

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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? *no*
If so, specify..... (Specify)

(Signed) *J. H. Bredeck*, M. D.
(Address) *634 No. Grand*

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

