

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

Do not use this space.

18067

JUN 12 1935

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **City 1003**)

File No. ....  
Registered No. **4397**  
St. .... Ward)

**2. FULL NAME** **George Dorman**

(a) Residence, No. **4105 1/2 North Lexington** St. **10**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **75** yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 28 - 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**84- 9<sup>1</sup> 17**

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. **Nil**  
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) **Munich**

MOTHER 13. NAME **Mrs. Dorman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Katherine Ellerman**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Steph J. ...** (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **May 16, 1935**

19. UNDERTAKER **W. J. ...** (ADDRESS)

20. FILED **MAY 15 1935** **J. Brebeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 14, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **5/3, 1935, to 5/14, 1935**

I last saw him live on **5/14, 1935** Death is said

to have occurred on the date stated above, at **5:47** m.

The principal cause of death and related causes of importance were as follows:

**Chas. Bronch pneumonia** Date of onset **5/11**

Other contributory causes of importance:

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?

If so, specify

(Signed) **Chas. ...** M. D.

(Address) **Steph J. ...**

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 CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

