

DEC 30 1936

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

Do not use this space.

43282

## 1. PLACE OF DEATH

County..... Registration District No. **791**Township..... Primary Registration District No. **1003**City **St. Louis, Missouri** (No. **City Hospital No. 1**) St. .... Ward)B. **12278** John R. Gorman

## 2. FULL NAME

(a) Residence, No. **Morrison Hotel** St. **26** Ward. ....  
(Usual place of abode) **Blvwy + N. Market** (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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **separated**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rose**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 4, 1894**7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**42** **7** **26**OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **salesman**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Unemployed**  
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) **East. St. Louis,**MOTHER 13. NAME **J. T. Gorman**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Baltimore Maryland**15. MAIDEN NAME **Alice Dameron Weed**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**17. INFORMANT **Hosp. Info. H. H. Kent**  
(ADDRESS) **City Hospital No. 1**18. BURIAL, CREMATION, OR REMOVAL **Memorial Park**  
PLACE **National Cem.** DATE **Dec. 3** 19**36**19. UNDERTAKER **C. Hoffmeister U. & L. Co.**  
(ADDRESS) **7814 S. Broadway**20. FILED **DEC 1 1936**Registrar. **J. Bredeck**

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/30/36**, 1922. I HEREBY CERTIFY, That I attended deceased from **11/22/36** to **11/30/36**, 19I last saw h. **him** on **11/30/36**, 19. Death is said to have occurred on the date stated above, at **10.35p**The principal cause of death and related causes of importance were as follows:  
**Myocardial Infarction** (Date of onset)Other contributory causes of importance:  
**Gen. Peritonitis**  
**Rx. Sobar Pneumonia**Name of operation **Exploratory** Date of **11/22/36**What test confirmed diagnosis? **Specimen** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **---** Date of injury ....., 19Where did injury occur? ....., 19  
(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) **J. Bredeck** M. D.(Address) **City Hospital No. 1**

