

JAN 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City St. Louis

(No.

5249 Raymond)

791

1003

File No.

Registered No.

46520

12412

St.

Ward)

2. FULL NAME ELIZABETH M. A. GORIN

(a) Residence, No. 5249 Raymond St., 5 Ward.

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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 Dr. M. George Gorin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/22/81

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 55 4 26

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

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) St. Louis, Mo.

FATHER 13. NAME Isar Charles Lawver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freeport, Ill

MOTHER 15. MAIDEN NAME Mary Elizabeth Briggs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coeymans, N. Y.

17. INFORMANT Dr. M. Geo. Gorin (ADDRESS) 5249 Raymond

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Crem. DATE 12/21/36 19

19. UNDERTAKER Alexander and Sons (ADDRESS) 6175 Delmar

20. FILED REG 18 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/18/36 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935, to Dec 18, 1936. I last saw her alive on Dec 18, 1936. Death is said to have occurred on the date stated above, at 7:30 a. m.

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

Acute myocarditis Date of onset 3 mo.

Other contributory causes of importance: Arterio Sclerosis 93% 3 yrd stage disease of the

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 _____ (Signed) James A. Horsey, M. D.

(Address) 3903 Olive St.

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.

Dr. J. A. Forsen
3903 Olive
JE 5600
Hours - 1-3