JAN 20 1937

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

Do not use this space.

File No. 46780

Registered No. 12602

791

1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4311a Strodtman Place St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Valentine Gorris

(a) Residence, No. 4311a Strodtman Place, 9 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: Male

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 Anna Gorris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1859

7. AGE: Years 77 | Months 1 | Days 6 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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) Germany

FATHER

13. NAME George Gorris

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

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Mr. Jacob Price
(ADDRESS) 4311a Strodtman Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Dec. 24, 1936

19. UNDERTAKER CULLINANE BROS.
(ADDRESS) 1710 N GRAND ST. LOUIS

20. FILED DEC 23 1936 J. F. Bredeck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

No Phy. in attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/20/1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 P.m.

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

Carbon Monoxide at residence caused by fumes from lighted gas heater.

Date of onset

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Other contributory causes of importance:

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

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

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

Accident, suicide, or homicide? Accid. Date of injury 12/20, 1936

Where did injury occur? St. Louis Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury See above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Harold C. Deutsch, M. D.

(Address) Dept. of J.

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.

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