

MAR 5 - 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. 791

Township
City St. Louis,

Primary Registration District No.
City Hospital No. 1003

B. 15660

Richard Gorman

File No. 8168

Registered No. 1617

St. Ward

2. FULL NAME

(a) Residence, No. 1522 Prather St. 4 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

male white married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 75

8. Trade, profession, or particular kind of work done, as spinner, 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) New York

13. NAME Thomas Gorman 15

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME Yakawa

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Hosp. Info. M.H. Kent, City Hospital No. 1 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Feb. 5, 1937

19. UNDERTAKER Croshaw Und. Co. Inc. (ADDRESS) 1146 Manchester Ave.

20. FILED FEB 5 - 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/3/37, 19

22. I HEREBY CERTIFY That I attended deceased from 1/29/37 to 2/3/37

I last saw him live on 2/3/37, 19. Death is said to have occurred on the date stated above, at 2.20 a.m.

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

Arteriosclerosis Date of onset

Other contributory causes of importance:

Degenerative heart disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Geo. Heilbold M. D.

(Address) City Hospital No. 1

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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