

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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH

County *St. Louis* — 2

Registration District No. *788*

Township *Jeff*

Primary Registration District No. *4471*

City *Wright Brown*

(No. *611* *Lockwood Ct.* = St. _____ Ward)

File No. *31731*

Registered No. *81*

2. FULL NAME

Thomas M. O'Gorman —

(a) Residence, No. *611 Lockwood Ct.* St. _____ Ward. _____

(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) *Ida O'Gorman*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *About 1860*

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>About 77</i>				

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Real Estate Co.*

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.*

13. NAME *John O'Gorman*

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

15. MAIDEN NAME *Catherine Tobin*

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

17. INFORMANT (ADDRESS) *Ida O'Gorman 611 Lockwood Ct.*

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) *New St. Marcus Lem Aug 12, 37*

19. UNDERTAKER (ADDRESS) *Croghan Undert Co. Inc 7146 Manchester Ave*

20. FILED *8-12-37* *Jules R. Yore* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 10, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *June 15*, 19*35*, to *Aug 10*, 19*37*

I last saw him alive on *Aug 10*, 19*37*. Death is said to have occurred on the date stated above, at *9:58* Am.

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

Carcinoma of Lymph glands of neck

Date of onset *1935*

Other contributory causes of importance: *52*

Name of operation *Radical Removal* Date of *11-26-35*

What test confirmed diagnosis? *Lab. exam.* 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? *no*

If so, specify _____ (Signed) *Vincent Stoungend*, M. D. (Address) *3101st Section Ave Mapwood Mo*

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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