

Registration District No. **791** Primary Registration District No. **1003** State File No. _____
Registrar's No. **7971**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-Days
In this community 35 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary E. Gorman

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Thomas M. Gorman 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unk. Unk. 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months Unk. Days Unk. If less than one day hr. min.

9. Birthplace Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business 9/2

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Madeleine Beil

(b) Address 4739 Newcomb Pl.

17. (a) Burial (b) Date thereof 9-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Wonnely

(b) Address 3840 Lindell Blvd.

19. (a) SEP 25 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4739 Newcomb Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd.
year 1940 hour 7:10 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage of Brain; suffered when deceased stumbled and fell to sidewalk in front of home of deceased, on Sept. 18th, 1940, at about 12:00 noon

Due to _____
Due to _____
Other conditions MI
(Include pregnancy within 3 months of death)

Major findings: MI
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept. 18th, 1940
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In front of home

While at work _____
(Specify type of place) (e) Means of injury

23. Signature Joseph M. [Signature] (M. D. or other)

Address Deputy [Signature] (Designated)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Bl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.