

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17028
State File No. 4546
Registrar's No.

Registration District No. 791

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 425 Lake Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1217
(If outside city or town limits, write "RURAL") 9
(d) Street No. 425 Lake Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Julia Chenier Gorman

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph E. Gorman 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May 9 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	0	21	hr. min.

9. Birthplace St. Louis 0 Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Leon J. Chenier

13. Birthplace St. Louis 0 Mo. (City, town, or county) (State or foreign country)

14. Maiden name Martha Sill

15. Birthplace St. Louis 0 Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Je E. Gorman

(b) Address 425 Lake Ave.

17. (a) Burial (b) Date thereof 5/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St.

19. (a) MAY 31 1941 (b) J. M. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1941 hour 12 minute 45 a. M.

21. I hereby certify that I attended the deceased from Sept. 24, 1924 to May 30, 1941; that I last saw her alive on May 29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage, rt. side of brain Duration 3 hrs.

Due to Cerebral + General Arteriosclerosis

Due to Hypertension 14 yrs.

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

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN J. M. ...
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) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature Wm. L. ... (M. D. or other) MD
Address 3720 Washington Date signed 5/30/41

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.....

Nevelle D. Frohwitter

Licensed Embalmer No..... 3696

P.O. Address..... St. Louis, Mo.

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, fact should be so stated above.