

S. No. 2
1-11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3526. ✓
State File No. _____
Registrar's No. 136

FILED JAN 27 1942
Registration District No. 18

Primary Registration District No. 101

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis Mo.
(If outside city or town limits write "RURAL")
(d) Street No. 5608 a Lotus
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1942 hour 2 minute 20 AM

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 Result of automobile accident while riding as a passenger
Skull fracture with massive intracranial hemorrhage & aspirated blood in lungs
Duration _____
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 1-17-42
(c) Where did injury occur? 9200 Nat. Bridge Rd.
(City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Pub. Pl.

While at work _____ (Specify type of place)
(g) Means of injury _____
23. Signature Louis H. Hoff (M.D. or other) _____
Address _____ Date signed 1-18-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME Timothy T. Gormley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 17, 1924
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER { 12. Name Timothy Gormley
18. Birthplace Ireland (City, town, or county) (State or foreign country)

{ 14. Maiden name Alice Maloney
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Timothy Gormley
(b) Address 5608 a Lotus

17. (a) Burial (b) Date thereof 1/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Sullivan Bros.
(b) Address 2849 N. Euclid

19. (a) JAN 18 1942 (b) _____ (Date received local registration) (Registrar's signature)

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.....

Albert Mayfield
13077

Licensed Embalmer No.....

P. O. Address.....

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.