V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I. X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16183

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4730

000 17 9

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 1602a S. 10th St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 1602 A S. 10 Str. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Helen Gorman
3. (b) If veteran, name war No
3. (c) Social Security No. 486-18-8998
4. Sex Female
5. Color or race Wht.
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 Unknown (Month) about (Day) 1892 (Year)
8. AGE: Years About 50 Months Unknown Days If less than one day hr. min.
9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Clerk
11. Industry or business
12. FATHER Name Mathew Gorman
13. FATHER Birthplace (City, town, or county) 4 Ireland (State or foreign country)
14. MOTHER Maiden name Lucetta Klocking
15. MOTHER Birthplace (City, town, or county) 4 Ireland (State or foreign country)
16. (a) Informant Catherine Gorman
(b) Address 1602 A S. 10 Str.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1. 42 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul
18. (a) Signature of funeral director [illegible]
(b) Address 1926 Allen Ave.
19. (a) MAY 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 42 hour 10 minute 45 A. M.
21. I hereby certify that I attended the deceased from April 21st, 1942 to May 27th, 1942 that I last saw him alive on May 28th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Myocarditis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 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)
(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 [illegible] (M. D. or other)
Address 3108 Chippewa St. Date signed May 28/42

(Licensed Embalmer's Statement on Reverse Side)

B. 744

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 me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Wm. L. Moydell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen

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.