

APR MAY 28 1942

Registration District No.

Primary Registration District No.

Registrar's No. **4303**

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19
9
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:
6441 Lloyd Av. 1
(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.....
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No..... **6441 Lloyd Av.**
(If rural, give location)
 (e) Citizen of foreign country?.....
 If yes, name country..... **0** (Yes or No)

3. (a) PRINT FULL NAME..... **James P. O'Gorman**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... **M** 5. Color or race..... **W**
 6. (a) Single, widowed, married, divorced..... **2**

6. (b) Name of husband or wife..... **Mary Scully O'Gorman**
6. (c) Age of husband or wife if deceased..... **deceased** years

7. Birth date of deceased..... **October 23 1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 6 20 hr. min.

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

10. Usual occupation..... **Retired**

11. Industry or business..... **Rice-Stix Co.**

MOTHER FATHER { 12. Name..... **John O'Gorman**

13. Birthplace..... **Ireland 4**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Catherine Tobin**

15. Birthplace..... **Ireland 4**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Miss Adeline O'Gorman (daughter)**

(b) Address..... **6441 Lloyd Av.**

17. (a) **Burial** (b) Date thereof..... **May 16, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **M. J. Wagner**
(b) Address..... **7146 Manchester**

19. (a) **MAY 15 1942** (b) **J. F. Probert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13** year **1942** hour **11:45 A.M.** M.

21. I hereby certify that I attended the deceased from **6** **10**, 1941, to **5 15**, 1942, that I last saw him alive on **5-13**, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chronic Myocarditis**

Due to..... **Senility**

Due to..... **MI**

Other conditions..... **Acute Bronchitis**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

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?
 While at work?.....
(Specify type of place)
 (e) Means of injury..... **0**
 23. Signature..... **T. P. Vahn** (M. D. or other) **M.D.**
 Address..... **2811 Sutton Ave.** Date signed..... **5-15-42**

Duration **5 yrs**

5 Days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Welford G. Burnley
Licensed Embalmer No. 4202.7
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.