V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11398

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 528

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Station Hospital, D.O.A. (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 Illsouri (b) County 11

(c) City or town Granite City (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Bernard D. Gorman

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 Feb (Month) 11 (Day) 1902 (Year)

8. AGE: Years 40 Months 1 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace E. Chicago, (City, town, or county) Ills. (State or foreign country)

10. Usual occupation Roll Turner, Steel Mills.

11. Industry or business .....

FATHER
12. Name Gorman
13. Birthplace ..... (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Granite City Engineers Depot

(b) Address Granite City, Ills.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-3-43 (Month) (Day) (Year)

(c) Place: burial or cremation Indiana Harbor, Ind.

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) MAR 4 1943 (Date received local registrar) (b) E. G. McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1943 hour 4: aM minute ..... M.

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

	Duration
Immediate cause of death: Acute Alcoholism	0
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 77c
Of autopsy Yes

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 Henry Sydow Major MC (M. D. or other)

Address Jefferson Barracks, Mo. Date signed 3/3/43

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1943

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 Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood 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.