

FILED JUN 4 1943 318

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. LOUIS CHILDRENS Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County 11
(c) City or town VENICE
(If outside city or town limits, write "RURAL")
(d) Street No. 608 WASHINGTON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME GORRIS, WALTER BEN

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

4. Sex M 5. Color or race W 6. (a) Single, ~~widowed, married,~~ 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCTOBER 25 1930
(Month) (Day) (Year)

8. AGE: Years 12 Months 6 Days 18 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 SCHOOL

12. Name BEN GORRIS

13. Birthplace MO
(City, town, or county) (State or foreign country)

14. Maiden name LILLIE

15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant BEN GORRIS

(b) Address 608 WASHINGTON VENICE ILL

17. (a) REMOVAL (b) Date thereof MAY 13 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MADISON ILL

18. (a) Signature of funeral director LAHEY FUNERAL HOME

(b) Address MADISON ILL

19. (a) MAY 13 1943 (b) J. F. Break
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1943 hour 12 minute 40 A.M.

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 Hydrophobia (Rabies) Duration
time, place, cause and manner of
same could not be ascertained.
Due to ACCIDENT.

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) Accident
(b) Date of occurrence unknown
(c) Where did injury occur? unknown
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? unknown

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Alfred J. Perry (M.D. or other)
Address St. Louis Date signed 5/13/43

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

MOTHER FATHER

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.....*William J. Hines*.....

Licensed Embalmer No. *4319*.....

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.