

AUG 18 1943

318

Primary Registration District No. 1003

Registrar's No. 7153

1. PLACE OF DEATH:

(a) County
(b) City or town
(c) Name of hospital or institution: Deconness Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County
(c) City or town: St Louis
(d) Street No.: 5536 Duggan
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Carol Lee Gorman

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

4. Sex: female 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: June 10 1942
(Month) (Day) (Year)

8. AGE: Years Months Days: 1 7 27 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name: Floyd Gorman

13. Birthplace: St Louis

14. Maiden name: Wilma Gibson

15. Birthplace: St Louis

16. (a) Informant: Mr Floyd Gorman

(b) Address: 5536 Duggan

17. (a) burial (b) Date thereof: Aug 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla

18. (a) Signature of funeral director: Paul Calcaterra

(b) Address: 5142 Daggert ave

19. (a) AUG 9 1943 (b) J. D. Bredebeck
(Time received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1943 hour 7 minute 30 A.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.

Immediate cause of death: Strangulation suffered when child slipped down in high chair and caught her head on the feeding tray in the kitchen of her home August 7 1943 about 10:15 PM

Other conditions (Include pregnancy within 3 months of death) 1943

Major findings: Of operations 1943

Of autopsy 1943

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: Aug 7 1943
(c) Where did injury occur? at home
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
Signature: Walter Perry (M. D. or other)
Address: _____ Date signed: 8/9/43

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.....

Paul Calcaterra

Licensed Embalmer No. 2376

P. O. Address. 5142 Daggitt

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.