. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

318

FILED DEC 5 1944

Registration District No. ____ Primary Registration District No. 100

State File No. 35911

Registrar's No. 10089

1. PLACE OF DEATH:

(a) County ____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 days (Specify whether

In this community years, months or days) Frank Devoe Gorham.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 6951 Delmar Blvd. N.R.
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Frank Devoe Gorham

3. (b) If veteran, name war WorldWar I

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian H. Gorham.

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased August (Month) 2 (Day) 1888 (Year)

8. AGE: Years 56 Months 3 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace Cloverdale (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Physician M.D.

11. Industry or business ____

FATHER
12. Name Samuel Gorham.
13. Birthplace ____ (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Hattie Devoe
15. Birthplace ____ (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. F.D.Gorham.
(b) Address 6951 Delmar Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Cloverdale, Indiana

18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) NOV 27 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th year 1944 hour 3 minute 20 A M.

21. I hereby certify that I attended the deceased from October 30th, 1944 to November 27th 1944; that I last saw him alive on November 27th, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis, generalized inanition

Due to (Primary - sigmoid + flexure

Due to ____

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

Major findings:
Of operations ____
Of autopsy none performed

Duration

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 F. R. Bradley (M. D. or other)

Address Barnes Hospital Date signed 11/27/44

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1945

MAY 4 1945

Dr Bradley

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.