

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
Missouri Baptist Hospital  
(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

3. (a) PRINT FULL NAME Lenora Gorman  
3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife John P. Gorman, Dec'd 4/15/27 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 30, 1878  
(Month) (Day) (Year)

8. AGE: Years 68 Months - Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Russellville, Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Not employed

11. Industry or business At home

12. Name Albert Bradley  
13. Birthplace Russellville, Ark.  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane Torrance  
15. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant John P. Gorman,  
(b) Address 3216a Greer Ave.

17. (a) Burial (b) Date thereof 12/24/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Robert J. Ambruster, Inc.  
(b) Address Clayton Rd. at Concordia Lane

19. (a) DEC 24 1946 J. F. Bredeek  
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3216a Greer Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22  
year 1946 hour 11 minute 45 A.M.  
21. I hereby certify that I attended the deceased from August 1945 to December 22, 1946.  
that I last saw her alive on Dec. 22 1946.  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Uremia</u>	<u>10 days</u>
Due to <u>Nephrectomy, Left Nephrosclerosis</u>	<u>Dec 12 46</u> <u>years</u>
Due to <u>Hyper Nephroma of L. Kidney (Carcinoma of L. Kidney)</u>	<u>18 mo.</u>
Other conditions: <u>Gastric Hemorrhage</u> (Include pregnancy within 3 months of death)	<u>3 days</u>
<u>Bronchopneumonia</u>	<u>(Terminal)</u> PHYSICIAN
Major findings: Of operations: <u>Hyper Nephroma</u>	Underline the cause to which death should be charged statistically.
Of autopsy: <u>no autopsy</u>	

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? \_\_\_\_\_

23. Signature Ray David Williams (M. D. 20067)  
Address 114 North Taylor Ave. Date signed 12/23/46  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

MOTHER FATHER

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7-017  
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**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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**