No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 21 1947
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 15117
Registrar's No. 3767

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

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: Alexian Brothers Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 13 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2823 So. Kingshighway 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Keyren J. Gorman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Catherine Gorman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 2 (Day) 1865 (Year)

8. AGE: Years 81 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation News Dealer (Retired)
11. Industry or business
FATHER
12. Name James Gorman
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary O'Connell
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
16. (a) Informant John Gorman
(b) Address 2823 So. Kingshighway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd
19. (a) APR 9 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th.
year 1947 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from Feb 2 1946 to Apr 7 1947
that I last saw him alive on 6/29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 2 hrs
Due to Coronary Sclerosis 7 yrs
Due Arteriosclerosis 8 yrs
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

Duration

94

PHYSICIAN
Underline the cause of 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? Means of injury 0
23. Signature E. R. Dudley (M. D. or other)
Address 607 N Grand Date signed 4/8/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

No Vendible
1-3
Remarks to Bldg

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.