

FILED SEP 15 1947
Registration District No. 297

Primary Registration District No. 3070

1878

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Glenwood Sanatorium 0
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Centralia 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul Idaho W. Gorman, Jr.

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 Married

6. (b) Name of husband or wife Tom Gorman 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased September 1 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 28 hr. min.

9. Birthplace Sturgeon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

12. Name Steven G. Long

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

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Gorman

(b) Address Centralia, Mo.

17. (a) Burial (b) Date, thereof 9-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd

19. (a) 9-4-47 (b) Paul Idaho W. Gorman, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1947 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from January 9
1947 to August 30, 1947
that I last saw her alive on August 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease 10 days
Due to Generalized Arteriosclerosis
Due to 940

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) _____
(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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul Hines M.D. (M. D. or other) _____
Address Webster Groves Mo Date signed 8-30-47

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

16
7
4

1948 FEB 7
1948 FEB 7
1948 FEB 20
1948 FEB 20
1948 NOV 24

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..... *Ernest W. Guelan*

Licensed Embalmer No..... *5680*

P. O. Address.....

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.