

7. S. No. 300
FORM-10-47
Rev. 5-17-39
I 3906

10215

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 25 1948
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. **2641**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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:
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 Ferd C. Gormley

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Eliza Gormley

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 8 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>0</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Unknown Gormley

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

14. Maiden name Unknown

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

16. (a) Informant Everett Gormley

(b) Address 3900 Lexington Avenue.

17. (a) Burial (b) Date thereof 3/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butts, Missouri

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

(b) Address 4700 Washington Blvd.

19. (a) MAR 16 1948 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 14
year 1948 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from 2/28/48 to 3/14/48
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to _____

Due to _____

Other conditions (Include progress within 5 months of death) None

Major findings: _____

Of operations: _____

Duration 4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 2-28-48

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
See above

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

23. Signature J. F. Braddock (M. D. or other)
Address 45 N. Olive Date signed 3/15/48

JUL 24 1952
JUL 24 1952

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 *Gustav W. Dieterle*.....

Licensed Embalmer No. *4329*.....

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.